

**Third Consolidation for Acute Promyelocytic Leukemia  
(PETHEMA PROTOCOL)**

**Contact Physician:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Cycle:** \_\_\_\_\_ **Day 1 =** \_\_\_\_\_ **Cycle 1: consent form done**

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **BSA:** \_\_\_\_\_

**Adjusted IBW:** \_\_\_\_\_ **Adjusted BSA:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\*Low risk:

**Idarubicin** 12mg/m<sup>2</sup>/day IV bolus daily day 1 only

\*Intermediate and High risk:

**Idarubicin** 12mg/m<sup>2</sup>/day IV bolus daily days 1&2 plus

**All-trans-retinoic acid (ATRA)** 45mg/m<sup>2</sup>/day PO in two divided doses days 1-15.

For patients  $\leq 20$  years old then ATRA 25mg/m<sup>2</sup>/day PO in two divided doses days 1-15.

**1. Hydration:**

**2. Prophylactic medications:**

- Acyclovir: 400mg PO twice daily
- Antifungal:
- GI prophylaxis:

**3. Anti-emetics:** (Moderate emetogenic potential)

- Ondansetron: 16mg PO daily prior to each dose of idarubicin. May give 16mg IV if unable to tolerate PO.
- Dexamethasone: 10mg PO daily prior to each dose of idarubicin
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10mg PO or IV every 6 hours prn nausea.

**4. Chemotherapy: Choose Low risk vs Intermediate/High risk**

**Low risk protocol\***

- **Idarubicin** (12mg/m<sup>2</sup>/day) \_\_\_\_\_ mg IV day 1\_\_\_\_\_.

**Intermediate and High risk protocol\***

- **Idarubicin** (12mg/m<sup>2</sup>/day) \_\_\_\_\_ mg IV days 1&2  
Idarubicin \_\_\_\_\_ mg IV day 1 \_\_\_\_\_  
Idarubicin \_\_\_\_\_ mg IV day 2 \_\_\_\_\_
- **All-trans-retinoic acid** (45mg/m<sup>2</sup>/day) \_\_\_\_\_ mg PO rounded to the nearest 10mg in twice daily doses (\_\_\_\_\_ mg PO twice daily) days 1-15  
Day 1-15=\_\_\_\_\_. (If patient ≤ 20 years old, dose reduce to 25mg/m<sup>2</sup>/day.)

\*Risk categories: Based on patient leukocyte and platelet count at diagnosis

Low risk= WBC<10,000 and platelet count>40,000

Intermediate risk= WBC<10,000 and platelet count<40,000

High risk= WBC≥10,000

Signed: \_\_\_\_\_ Pager: \_\_\_\_\_

Blood 2004: 103(4) 1237-1243. Blood 1999: 94(9) 3015-3021.

After completion of consolidation , patients who tested negative for PML/RAR $\alpha$  were started on maintenance therapy.



