Maintenance Chemotherapy for Acute Promyelocytic Leukemia  
Mercaptopurine, Methotrexate, All-trans-retinoic acid

Contact Physician: _______________________ Pager: ________

Diagnosis: ________________________________________

Maintenance Day 1 = ________ Cycle 1: consent form done □

Weight:________  Height:________  BSA:_______

Adjusted IBW:________  Adjusted BSA:_______

Allergies: ________________________________________

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
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<tbody>
<tr>
<td>Mercaptopurine</td>
<td>50mg/m²/day PO</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>15mg/m²/week IM</td>
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<tr>
<td><em>All-trans-retinoic acid (ATRA)</em></td>
<td>45mg/m²/day PO in two divided doses for 15 days every 3 months</td>
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<td>For patients ≤ 20 years old, then ATRA 25mg/m²/day PO in two divided doses for 15 days every 3 months.</td>
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<tr>
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<td>Maintenance continues for 2 years</td>
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1. **Prophylactic medications:**
   - □ Acyclovir: 400mg PO twice daily
   - □ Antifungal:
   - □ GI prophylaxis:

2. **Anti-emetics:** (check the appropriate medications)
   - □ Ondansetron:
   - □ Dexamethasone:
   - □ Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
   - □ Prochlorperazine: 10mg PO every 6 hours as needed for nausea
3. Chemotherapy:

- **Mercaptopurine** (50mg/m²/day) ________mg PO daily

- **Methotrexate** (15mg/m²/week) __________mg Intramuscular injection weekly.

- **All-trans-retinoic acid** (45mg/m²/day) ________mg PO rounded to the nearest 10 mg in two divided doses (________mg PO twice daily) for 15 days every 3 months. Days 1-15= ____________. (For patients ≤ 20 years old, reduce dose 25mg/m²/day)

Signed: _________________________ Pager: ___________________


Dose reductions:
If WBC < 3.5 x 10⁹/L  decrease mercaptopurine and methotrexate by 50%.
If WBC < 2.5 x 10⁹/L, discontinue mercaptopurine and methotrexate.