

Decitabine for Myelodysplastic Syndrome: Outpatient regimen

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Day 1 =** _____ **Cycle 1: consent form done**

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

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| <p>Decitabine 20 mg/m² IV over one hour daily times 5 days (outpatient regimen). May repeat every 28 days.</p> |
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1. Hydration:

2. Prophylactic medications:

- Allopurinol: 300mg PO daily for _____ days
- Acyclovir: 400mg PO twice daily
- Antifungal:
- GI prophylaxis:

3. Anti-emetics: Moderate emetogenic potential

- Ondansetron 24mg PO one time daily prior to each dose of decitabine
- 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: OUTPATIENT

- Decitabine** (20mg/m²) _____mg in Sodium Chloride 0.9% 100mL IV over 1 hour daily times 5 days.

Decitabine _____mg IV over one hour day 1_____

Decitabine _____mg IV over one hour day 2_____

Decitabine _____mg IV over one hour day 3_____

Decitabine _____mg IV over one hour day 4_____

Decitabine _____mg IV over one hour day 5_____

Signed: _____ Pager: _____

Blood 109 (1) 2007: 52-57 (outpatient regimen);

BJ Hematology 2001: 114, 349-357. and Cancer 2006; 106(8); 1794-1803
(inpatient regimen)

Recommended dose reductions:

For first three courses, decitabine was given every four weeks regardless of counts, as long as there was persistent disease and no significant myelosuppression associated complications. See reference.

Decrease dose by 25-30% rounded to 15, 10, 7.5 and 5mg/m² for grade 3-4 non-myelosuppressive toxicities, for severe myelosuppression-associated complications (infection, bleeding), or for prolonged myelosuppression (6 weeks or longer) without evidence of disease.

Consider 50% dose reductions for severe complications, if judged in the best safety interest of the patient.

Filgrastim may be given in the setting of neutropenic fever or infection; or in a patient in CR but with prolonged neutropenia prior to next course of decitabine.