

**Pentostatin for Hairy Cell Leukemia**

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

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

**Cycle:** \_\_\_\_\_ **Consent**

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

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

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

<p><b>Pentostatin</b> 4mg/m<sup>2</sup> IV every 2 weeks. Continue for 2 additional doses after complete response attained or for a total of 6 months.</p>
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1. **Hydration:** Sodium Chloride 0.9% 1000mL IV pre-pentostatin followed by Sodium Chloride 0.9% 500mL IV post- pentostatin
2. **Pre-Medications:** Minimal emetogenic potential
  - Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
  - Prochlorperazine 10mg PO or IV every 6 hours prn nausea
3. **Other Medications:** (check the appropriate medications)
  - Allopurinol: 300mg PO QD for \_\_\_\_\_ days
  - Acyclovir: 400mg PO bid
  - TMP/Sulfa: 80/400mg 2 tablets PO bid every Sat/Sun
  - Antifungal:
4. **Chemotherapy:**
  - **Pentostatin** (4mg/m<sup>2</sup>) \_\_\_\_\_ mg in Sodium Chloride 0.9% 50mL IV over 15 minutes every 2 weeks.

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

Reference: J Clin Oncology, 13 (4), 1995: 974-982. Blood, 96 (9), 2000: 2981-2986.

### **Recommended Dose Adjustments**

For patients with a performance status of 3, consider decreasing dose to 2 mg/m<sup>2</sup> and may be escalated to full dosage if no adverse reactions encountered.

If an increase in the serum creatinine concentration greater than 20 % over baseline value occurs, consider holding drug until renal function improves to baseline or to a point that the 24 hour creatinine clearance was greater than 50mL/min.

Hold for neurotoxicity.