

STANDARD BFM: Delayed Intensification, (Phase IV), for Acute Lymphocytic Leukemia

Contact Physician:_____ **Pager:** _____

Diagnosis:_____ **Day57/1=**_____

Cycle: Delayed intensification, (Phase IV), reinduction/reconsolidation

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

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

Allergies:_____

REINDUCTION: Begin day 57 from start of phase III or when ANC>1000 and platelets >100,000

Vincristine 1.5mg/m² (max 2 mg) IV days 1,8,15

Doxorubicin 25mg/m² IV days 1,8,15

Dexamethasone 10 mg/m² PO days 1-21, then taper

Asparaginase 6000 units/m² IM days 3,5,8,10,12,15 (3x weekly x 6)

Imatinib 400-600mg PO daily for Ph+ chromosome.

RECONSOLIDATION: Start day 29 from start of phase IV or when ANC >1000 and platelets >100K

Cyclophosphamide 1000 mg/m² IV day 29

Thioguanine 60 mg/m² PO days 29-42 (14 days)

Cytarabine 75 mg/m² IV days 30-33, 37-40

Methotrexate 12 mg IT days 30 and 37

Hydrocortisone 30 mg IT may be given with IT MTX

Imatinib 400-600mg PO daily for Ph+ chromosome.

1. Prophylactic Medications: (check the appropriate medications)

- Acyclovir: 400mg PO twice daily
- TMP/Sulfa: 80/400mg 2 tablets PO twice daily every Sat/Sun
- Antifungal:
- GI prophylaxis:
- Senokot S: 2 tablets PO daily
- Acetaminophen 650 mg PO prior to each dose of Asparaginase
- Diphenhydramine 50 mg PO prior to each dose of Asparaginase

2. Anti-emetics: (check the appropriate medications)

- Ondansetron: 24mg PO 30 minutes prior to IV chemotherapy on days 1,8,15, & 29. May give IV if unable to tolerate PO.
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea.
- Prochlorperazine 10mg PO every 6 hours as needed nausea.

3. Chemotherapy: (Begin when ANC > 1000 and platelets > 100,000)

REINDUCTION: (4weeks)

- **Dexamethasone** (10 mg/m²/day) _____ mg PO daily X 21 days, day 1-21. Day 1 = _____, Day 21 = _____.
Then taper: (5mg/m²/day _____mg X 3 days, 2.5mg/m²/day _____mg X 3 days, 1.25mg/m²/day _____mg X2 days).
- **Vincristine** (1.5mg/m²) _____mg (maximum 2mg) IV weekly X 3 doses on day 1_____, day 8_____, day 15_____.
- **Doxorubicin** (25mg/m²) _____ mg IV weekly X 3 doses on day 1_____, Day 8_____, day 15_____.
- **Asparaginase** test dose prior to first dose of Asparaginase: 2 units/0.1ml intradermal. Observe skin test for one hour for a wheal or erythema. No premedication prior to test dose. If Asparaginase is held greater than 1 week, repeat test dose.
- **Asparaginase** (6000 IU/m²) _____ IU IM every Monday, Wednesday, Friday X 6 doses, start approximately day 3 or 4. Dose 1: _____, Dose 2: _____, Dose 3: _____, Dose 4: _____ Dose 5: _____, Dose 6:_____.
- Imatinib** _____mg PO daily for Philadelphia positive chromosome.

RECONSOLIDATION (3 Weeks) Start day 29 after start of phase IV or when ANC > 1000 and platelets > 100,000.

- **Cyclophosphamide** (1000mg/m²) _____ mg in Sodium Chloride 0.9% 250mL IV over one hour on day 29_____.
- **6-Thioguanine** (60mg/m²/day) _____ mg PO daily for 14 days, days 29-42. Day 29 = _____, Day 42 = _____. Note: Available as 40mg tablets.
- **Cytarabine** (75 mg/m²) _____ mg IV push or subcutaneous (SC) days 30-33 _____, and days 37-40 _____. (total of 8 doses)
- **Intrathecal methotrexate** 12 mg IT on days 30 _____ and 37 _____. Complete triplicate IT chemotherapy form.
- Imatinib** _____mg PO for Philadelphia positive chromosome.

4. Chemotherapy Administration:

WEEK 1: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, Plt _____. T. Bili
Fibrinogen_____.

- **Dexamethasone** daily, PO as indicated above.
- **Vincristine** _____ mg IV on day 1 _____.
- **Doxorubicin** _____mg IV on day 1 _____.
- **Asparaginase test dose**
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.

(Note, one or two doses of Asparaginase may be given week one, depending on day chemotherapy is starting).

WEEK 2: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, plt _____. T. Bili____
Fibrinogen_____

- **Dexamethasone** daily, PO as indicated above.
- **Vincristine** _____ mg IV on day 8 _____.
- **Doxorubicin** _____mg IV on day 8 _____.
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.
- **Asparaginase** _____IU, IM. Dose #____ on day _____.

WEEK 3: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, plt _____.
T. Bili_____ Fibrinogen_____

- **Dexamethasone** daily, PO as indicated above.
- **Vincristine** _____ mg IV on day 15 _____.
- **Doxorubicin** _____mg IV on day 15 _____.
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.
- **Asparaginase** _____ IU, IM. Dose # ____ on day _____.

(Note, total of 6 doses of Asparaginase to be given, may need one or two doses week three depending on number of doses given first week)

WEEK 4:

- **Dexamethasone** taper over 8 days, PO as indicated above.

RECONSOLIDATION

WEEK 5: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, plt _____.

- **6- Thioguanine** PO daily, as indicated above, start day 29 _____, total of 14 days.
- **Hydration:**
- **Cyclophosphamide** _____ mg IV on day 29 _____.
- **Intrathecal methotrexate** 12 mg IT on day 30 _____.
- **Cytarabine** _____ mg IV or SC on Day 30 _____.
- **Cytarabine** _____ mg IV or SC on Day 31 _____.
- **Cytarabine** _____ mg IV or SC on Day 32 _____.
- **Cytarabine** _____ mg IV or SC on Day 33 _____.

WEEK 6: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, plt _____.

- **6- Thioguanine** PO daily, as indicated above for a total of 14 days.
- **Intrathecal methotrexate** 12 mg IT on Day 37 _____.
- **Cytarabine** _____ mg IV or SC on Day 37 _____.
- **Cytarabine** _____ mg IV or SC on Day 38 _____.
- **Cytarabine** _____ mg IV or SC on Day 39 _____.
- **Cytarabine** _____ mg IV or SC on Day 40 _____.
- **If platelet count <50,000 transfuse platelets pre lumbar puncture.**

WEEK 7:

- **6-Thioguanine** complete 14 day therapy, PO.

Signed: _____ **Pager:** _____

Reference: J Clin Oncology 11(11) 2234-2242, 1993.

6-Thioguanine: renal and/or hepatic insufficiency reduce dose

Chemotherapy should not be interrupted for uncomplicated myelosuppression.

