

Mitoxantrone, Etoposide, and Cytarabine
For relapsed or refractory AML and High-risk MDS

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

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

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

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

Allergies: _____

<p>Mitoxantrone 8 mg/m²/day IV push daily, days 1-5 Etoposide 100 mg/m²/day IV daily over 1 hour, days 1-5 Cytarabine 1 gram/m²/day IV daily over 1 hour, days 1-5</p>
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1. Hydration: Sodium chloride 0.9% at 100 ml/hr IV continuously

2. Prophylactic medications:

- Allopurinol: 300mg PO daily for _____ days
- Acyclovir: 400mg PO twice daily
- Antifungal:
- Prednisolone 1% eye drops: 1 drop in each eye four times daily while receiving cytarabine, days 1-5.
- GI prophylaxis:

3. **Anti-emetics:** Moderate risk emetogenic potential (check the appropriate medications)

- Ondansetron 16mg PO twice daily on Day 1 to 5 (total 10 doses).
- Ondansetron 16mg IV twice daily on Day 1 to 5 if unable to tolerate PO.
- Dexamethasone: 10 mg PO daily for 5 days. Give first dose prior to start of chemotherapy.
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10 mg PO every 6 hours prn nausea

4. **Chemotherapy:**

- **Mitoxantrone** (8 mg/m²/day) _____ mg in Sodium Chloride 0.9%, slow IV push over 5 minutes daily, days 1-5.
Days: _____
- **Etoposide** (100 mg/m²/day) _____ mg in Sodium Chloride 0.9% 500mL IV over one hour daily, days 1-5. Begin immediately after Mitoxantrone administration.
Days: _____
- **Cytarabine** (1 gram/m²/day) _____ grams in Sodium Chloride 0.9% 250 mL IV over one hour daily, days 1-5. Cytarabine infusion should begin immediately following completion of etoposide infusion. Days: _____
- **Nursing:** Monitor for cerebellar toxicity with neuro checks prior to each dose of cytarabine. For any concerns of toxicity, hold dose and notify Hematology fellow or staff physician on call.

5. **Follow-up:** If patient is discharged, lab work to be done a minimum of twice weekly every Monday and Thursday: WBC, diff, Hgb, platelet. If done at outside facility, fax results to Cancer Clinic triage 608-266-6020.

Signed: _____ **Pager:** _____

Reference: J Clin Oncology 22(6) pp 1078-1086, 2004 (EGOG 2995 phase III trial).

