

**Topotecan and Cytarabine for Myelodysplastic Syndrome, MDS/AML and Chronic Myelomonocytic Leukemia**

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

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

**Cycle:**\_\_\_\_\_ **Day 1=** \_\_\_\_\_ **Consent form done**

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

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

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

<p><b>Topotecan</b> 1.25mg/m<sup>2</sup>/day CIVI over 24 hours daily times 5 days, Days 1-5. (total 5 doses) <b>Cytarabine</b> 1gram/m<sup>2</sup>/day IV over 2 hours daily times 5 days, Days 1-5. (total 5 doses)</p>
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**1. Hydration:** Sodium chloride 0.9% 100 mL per hour IV continuously

**2. Prophylactic Medications:** (check the appropriate medications)

- Prednisolone 1% eye drops; one drop in each eye four times daily, days 1-5
- Allopurinol: 300mg PO daily for 7 days
- Acyclovir: 400mg PO twice daily
- Antifungal:
- GI prophylaxis:

**3. Anti-emetics:** (check the appropriate medications)

- Ondansetron: 16mg PO twice daily Day 1 to 5, (total 10 doses)
- Ondansetron: 16mg IV twice daily Day 1 to 5 if unable to tolerate PO.
- Dexamethasone: 10 mg PO daily Days 1-5, (total of 5 doses).
- Lorazepam: 0.5mg – 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10mg PO or IV every 6 hours as needed nausea

**4. Chemotherapy:**

- **Topotecan** ( $0.625\text{mg}/\text{m}^2$ ) \_\_\_\_\_mg in Sodium Chloride 0.9% 250 mL IV every 12 hours for 5 days. Each bag to be infused over 12 hours as a continuous 24-hour infusion for 5 days, Days 1 – 5. Day 1=\_\_\_\_\_ (total of 10 doses; total daily dose =  $1.25\text{mg}/\text{m}^2/\text{day}$ ). **Note:** Due to short stability, divide total daily dose equally into 2 bags of Sodium Chloride 0.9% 250mL and infuse each over 12 hours.
- **Cytarabine** ( $1\text{ gram}/\text{m}^2/\text{day}$ ) \_\_\_\_\_grams in Sodium Chloride 0.9% 250 mL IV over 2 hours daily for 5 days, Days 1-5. Day 1=\_\_\_\_\_. (total 5 doses)
- **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 two to three times weekly: WBC, diff, Hgb, platelet. If done at outside facility, fax results to UW Cancer Clinic triage: 608-266-6020.

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

Reference: Journal of Clin. Oncology, Vol 17(9): 2819-2830, 1999.

Cancer: 106(5) 1099-1109, 2006.

- For patients with moderate renal impairment ( $20\text{-}39\text{mL}/\text{min}$ ) recommend dosage reduction of topotecan to  $0.75\text{mg}/\text{m}^2$ .