

STANDARD BFM: Consolidation (Phase II) for Acute Lymphocytic Leukemia

Contact Physician: _____ Pager: _____

Diagnosis: _____

Cycle: Consolidation, phase II Day 36/1= _____

Weight: _____ Height: _____ BSA: _____

Adjusted IBW: _____ Adjusted BSA: _____

Allergies: _____

Begin day 36 from start of induction or when ANC >1000 and platelets >100K
Cyclophosphamide 1000 mg/m² IV days 1 and 15
6-Mercaptopurine 60 mg/m² PO days 1-28
Cytarabine 75 mg/m² IV/subcu days 2-5, 9-12,16-19,23-26
Methotrexate 12 mg IT days 2,9,16,23
Hydrocortisone 30 mg IT may be given with IT MTX
Imatinib 400-600mg PO daily for Ph+ chromosome
Optional Cranial XRT for patients with positive CSF.

1. Hydration:

2. Prophylactic Medications: (check the appropriate medications)

- Acyclovir: 400mg PO twice daily
- TMP/Sulfa: 160/800mg 1 tablet PO twice daily every Sat/Sun
- Antifungal:
- GI prophylaxis

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

- Ondansetron: 24mg PO 30 minutes prior to IV cyclophosphamide on Days 1 and 15. 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

- 4. Chemotherapy:** Begin Day 36 or when ANC>1000 and Plt count > 100,000
- **Prednisone:** May be finishing taper from induction cycle
 - **6-Mercaptopurine** (60 mg/m²/day) _____mg PO days 1-28.
Day 1 = _____. Day 28 = _____. (Increased toxicity if given with allopurinol, discontinue if possible) Note: Available 50mg tablets.
 - **Cyclophosphamide** (1000mg/m²) _____ mg in Sodium Chloride 0.9% 250mL IV over 1 hour on Day 1 _____ and Day 15 _____.
 - **Cytarabine** (75 mg/m²/day) _____mg IV push or Subcutaneous (SC) days 2-5 _____, days 9-12_____; 16-19_____; 23-26_____
 - **Intrathecal methotrexate** 12 mg IT weekly for four doses on days 2, 9, 16, 23. Days 2 _____, 9 _____, 16_____, 23_____.

5. Chemotherapy administration:

WEEK 1: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, Plt _____

- **Hydration:**
- **Cyclophosphamide** _____ mg IV on Day 1 _____.
- **Intrathecal methotrexate** 12 mg IT on Day 2 _____.
- **Cytarabine** _____ mg IV or SC on Day 2 _____.
- **Cytarabine** _____ mg IV or SC on Day 3 _____.
- **Cytarabine** _____ mg IV or SC on Day 4 _____.
- **Cytarabine** _____ mg IV or SC on Day 5 _____.
- **6-Mercaptopurine** (60mg/m²/day) = _____mg PO daily ongoing as above.
- **If platelet count <50,000 transfuse platelets pre lumbar puncture.**

WEEK 2: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, Plt _____

- **Intrathecal methotrexate** 12 mg IT on Day 9 _____.
- **Cytarabine** _____ mg IV or SC on Day 9 _____.
- **Cytarabine** _____mg IV or SC on Day 10 _____.
- **Cytarabine** _____ mg IV or SC on Day 11 _____.
- **Cytarabine** _____mg IV or SC on Day 12_____.
- **6-Mercaptopurine** (60mg/m²/day)= _____mg PO daily ongoing as above.
- **If platelet count <50,000 transfuse platelets pre lumbar puncture.**

WEEK 3: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, Plt _____

- **Hydration:**

- **Cyclophosphamide** _____ mg IV on Day 15 _____.

- **Intrathecal methotrexate** 12 mg IT on Day 16 _____.

- **Cytarabine** _____ mg IV or SC on Day 16 _____.

- **Cytarabine** _____ mg IV or SC on Day 17 _____.

- **Cytarabine** _____ mg IV or SC on Day 18 _____.

- **Cytarabine** _____ mg IV or SC on Day 19 _____.

- **6-Mercaptopurine** (60mg/m²/day) = _____mg PO daily ongoing as above.

- **If platelet count <50,000; transfuse platelets pre lumbar puncture.**

WEEK 4: Date of lab work _____.

WBC _____, ANC _____, Hgb _____, Plt _____

- **Intrathecal methotrexate** 12 mg IT on Day 23 _____.

- **Cytarabine** _____ mg IV or SC on Day 23 _____.

- **Cytarabine** _____mg IV or SC on Day 24 _____.

- **Cytarabine** _____ mg IV or SC on Day 25 _____.

- **Cytarabine** _____ mg IV or SC on Day 26 _____.

- **6-Mercaptopurine** (60mg/m²/day)= _____mg PO daily ongoing as above to end on Day 28 _____.

- **If platelet count <50,000 transfuse platelets pre lumbar puncture.**

Imatinib _____ mg PO daily for Philadelphia positive chromosome

6. Lab work: guidelines

Weekly or twice weekly: CBC,

Weedly: LFTs, lytes, glucose BUN, Cr.

Signed: _____ Pager: _____

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

Recommended dose adjustments:

1. 6-Mercaptopurine

- Concomitant allopurinol- reduce mercaptopurine dose to 1/3 to 1/4 of usual dose.
- Hepatic and renal insufficiency: dosage reduction recommended, specific guidelines are not available

