

**BFM INDUCTION for Acute Lymphocytic Leukemia**

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

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

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

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

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

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

<p><b>Vincristine</b> 1.5 mg/m<sup>2</sup> (max 2mg) slow IV push days 1,8,15,22 <b>Daunorubicin</b> 25 mg/m<sup>2</sup> IV days 1,8,15,22 <b>Prednisone</b> 60 mg/m<sup>2</sup> PO in 3 divided doses days 1-28, then taper <b>Asparaginase</b> 6000 units/m<sup>2</sup> IM three times weekly (M,W,F) times 9 doses, start approximately day 3 <b>Cytarabine</b> 70 mg IT day 1, or when no peripheral blasts are present. <b>Methotrexate</b> 12 mg IT day 15 <b>Hydrocortisone</b> 30 mg IT may be given with IT chemotherapy If CSF is positive for leukemia, patient to receive weekly or twice weekly IT chemotherapy until CSF negative for two consecutive LPs, then per protocol.</p>
---

- 1. Hydration:** Sodium chloride 0.9% IV at 100 mL per hour continuously
- 2. Prophylactic Medications:** (check the appropriate medications)
  - Allopurinol: 300mg PO daily for 10 days. (Must be discontinued before Phase 2).
  - Acyclovir: 400mg PO twice daily
  - TMP/Sulfa: 160/800mg 1 tablet 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

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

- Ondansetron: 24mg PO prior to IV chemotherapy on days 1,8,15, and 22. 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:**

- **Prednisone** (60mg/m<sup>2</sup>/day) \_\_\_\_\_ mg PO daily in three divided doses with meals,

\_\_\_\_\_ mg PO three times daily, days 1-28.

Day 1 = \_\_\_\_\_, Day 28= \_\_\_\_\_

Then taper prednisone dose over 10 days starting day 29 \_\_\_\_\_:

30mg/m<sup>2</sup>/day \_\_\_\_\_mg X 2 days:

15mg/m<sup>2</sup>/day \_\_\_\_\_mg X 3 days:

7.5mg/m<sup>2</sup>/day \_\_\_\_\_mg X 3 days:

3.75mg/m<sup>2</sup>/day \_\_\_\_\_mg X 2 days:

then discontinue.

- **Vincristine** (1.5 mg/m<sup>2</sup>) \_\_\_\_\_mg (maximum 2 mg) IV weekly X 4 doses.

Day 1 \_\_\_\_\_

Day 8 \_\_\_\_\_

Day 15 \_\_\_\_\_

Day 22 \_\_\_\_\_

- **Daunorubicin** (25mg/m<sup>2</sup>) \_\_\_\_\_ mg IV weekly X 4 doses.

Day 1 \_\_\_\_\_

Day 8 \_\_\_\_\_

Day 15 \_\_\_\_\_

Day 22 \_\_\_\_\_

- Asparaginase test dose prior to first dose of Asparaginase: 2 units/0.1ml intradermal. Observe the skin test for one hour for a wheal or erythema. No premedications prior to test dose  
If Asparaginase is held greater than one week, repeat test dose.

- **Asparaginase** (6000 Units/m<sup>2</sup>) \_\_\_\_\_ Units IM every Monday, Wednesday and Friday times 9 doses start approximately Day 3 or 4.

Dose 1: \_\_\_\_\_

Dose 2: \_\_\_\_\_

Dose 3: \_\_\_\_\_

Dose 4: \_\_\_\_\_

Dose 5: \_\_\_\_\_

Dose 6: \_\_\_\_\_

Dose 7: \_\_\_\_\_

Dose 8: \_\_\_\_\_

Dose 9: \_\_\_\_\_

- **Intrathecal cytarabine** 70 mg IT on Day 1 \_\_\_\_ or when no peripheral blasts are present . (complete triplicate IT chemotherapy form)

- **Intrathecal methotrexate** 12 mg IT on day 15.

(complete triplicate IT chemotherapy form)

Day 15 \_\_\_\_\_

- Hydrocortisone** 30 mg IT on days 1, 15.

(check hydrocortisone if to be given with cytarabine and methotrexate and complete triplicate IT chemotherapy form)

Day 1 \_\_\_\_\_

Day 15 \_\_\_\_\_

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

**Journal of Clinical Oncology, 15(6), 2222-2230, 1997**

**Philadelphia chromosome positive patients:** consider imatinib 400-600mg PO daily (of note, data on toxicity in phase I is unclear). When patient receiving first cycle check with pharmacy and start prescription insurance authorization for outpatient coverage.

