

**Induction Chemotherapy Phase II for Acute Lymphocytic Leukemia:  
E2993 protocol**

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

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

**Cycle:** Induction, phase II, weeks 5-8 Day 1= \_\_\_\_\_ **Consent form done**

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

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

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

**Cyclophosphamide** 650mg/m<sup>2</sup> IV over 30minutes on days 1,15,29  
**Cytarabine** 75mg/m<sup>2</sup> IV over 30minutes given daily on Days 1-4, 8-11,15-18 and 22-25  
**Mercaptopurine** 60mg/m<sup>2</sup> orally daily days 1-28  
**Methotrexate** 12.5 mg IT days 1,8, 15,22  
**Hydrocortisone** 30 mg IT may be given with IT chemotherapy  
**Prednisone** may be completing taper from induction, phase I  
**Imatinib** 600mg/day PO for a minimum of 28 consecutive days (Philadelphia Chromosome positive only).

If CNS leukemia was present at diagnosis, optional 2400cGy cranial irradiation and 1200cGy to the spinal cord administered concurrently during phase II. If receiving irradiation, Intrathecal methotrexate is not to be given during phase 2.

**1. Hydration:**

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

- Allopurinol: Must be discontinued before Phase 2 or dose reductions of mercaptopurine are required.
- 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

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

- Ondansetron: 24mg PO prior to IV chemotherapy on days 1,15, and 29. prior to cyclophosphamide IV. 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 prn nausea

4. **Chemotherapy:**

- **Cyclophosphamide** ( $650\text{mg}/\text{m}^2$ ) \_\_\_\_\_mg in Sodium Chloride 0.9% 250mL IV over 30minutes.  
Day 1 \_\_\_\_\_  
Day 15 \_\_\_\_\_  
Day 29 \_\_\_\_\_
- **Cytarabine** ( $75\text{mg}/\text{m}^2$ ) \_\_\_\_\_mg in Sodium Chloride 0.9% 250mL IV over 30 minutes.  
Day 1-4 \_\_\_\_\_  
Day 8-11 \_\_\_\_\_  
Day 15-18 \_\_\_\_\_  
Day 22-25 \_\_\_\_\_
- **Mercaptopurine** ( $60\text{mg}/\text{m}^2$ ) \_\_\_\_\_mg PO daily, Days 1-28  
Day 1=\_\_\_\_\_, Day 28=\_\_\_\_\_
- **Intrathecal methotrexate** 12.5 mg IT on Days, 1,8, 15, and 22.  
(complete triplicate IT chemotherapy form) If receiving irradiation therapy during phase 2, should not receive intrathecal chemotherapy.  
Day 1 \_\_\_\_\_  
Day 8 \_\_\_\_\_  
Day 15 \_\_\_\_\_  
Day 22 \_\_\_\_\_

- Hydrocortisone** 30 mg IT on days 1,8, 15 and 22.  
(complete triplicate IT chemotherapy form)  
Day 1 \_\_\_\_\_  
Day 8 \_\_\_\_\_  
Day 15 \_\_\_\_\_  
Day 22 \_\_\_\_\_

- Imatinib** 600mg PO daily for a minimum of 28 days, for Philadelphia positive chromosome. May be continued.

Labs: Weekly or twice weekly: CBC, diff, type and hold as needed.  
Weekly: LFTs, chem. 7.

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

**Blood 106(12): 3760-3767, 2005.**

Patients went on to phase 2 of induction regardless of whether residual leukemia was in their marrow at the end of phase I.

**Addendum: Recommended dose adjustments**

**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

