

Gemtuzumab ozogamicin (Mylotarg) for Acute Myeloid Leukemia

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Consent form done**

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

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

Allergies: _____

Gemtuzumab ozogamicin 9 mg/m² IV over 2 hours on days 1 and 15, total of 2 doses.

- 1. Hydration:** Sodium Chloride 0.9% at 100mL/hour IV
- 2. Prophylactic medications:** (check the appropriate medications)
 - Allopurinol: 300 mg PO daily for 7 days.
 - Acyclovir: 400 mg PO twice daily
 - Antifungal:
 - GI prophylaxis
- 3. Anti-emetics:**
 - Lorazepam: 0.5 mg-1 mg PO or IV every 4 hours prn nausea
 - Prochlorperazine 10mg PO every 6 hours prn nausea

4. Pre-Medications:

- Diphenhydramine: 50 mg PO 1 hour prior to gentuzumab ozogamicin and 4 and 8 hours post gentuzumab ozogamicin.
- Acetaminophen 650 mg PO 1 hour prior to gentuzumab ozogamicin and 4 and 8 hours post gentuzumab ozogamicin
- Methylprednisolone: 50mg IV 1 hour prior to and 1 hour into the infusion of gentuzumab ozogamicin.

5. Therapy:

- **Gemtuzumab ozogamicin** (9mg/m²) _____mg in Sodium Chloride 0.9% 100 mL IV over 2 hours on days 1 _____ and day 15_____. Infuse gentuzumab through a separate IV line with low protein-binding 0.22 micron terminal filter.
 - Day 1 dose: **Gemtuzumab ozogamicin** _____ mg IV over 2 hours.
 - Day 15 dose: **Gemtuzumab ozogamicin** _____ mg IV over 2 hours.

6. Nursing:

Monitor vital signs every ½ hour and as needed during infusion and for 4 hours post infusion.

7. **Labs:** If discharged, WBC, diff, Hgb, plt to be done every Monday and Thursday or every Monday, Wednesday, and Friday. If done at outside lab, fax results to Cancer Clinic triage (608) 266-6020.
- Bone marrow aspirate day 8-14 _____.

Signed: _____ Pager: _____

Reference: J Clinical Oncology, 19(13): 2001: 3244-3254
Haematologica 89(8): 2004, 950-956.

- If WBC >30,000, consider leukoreduction with hydroxyurea or leukapheresis prior to administration of Mylotarg.
- Mylotarg has not been studied in patients with bilirubin >2.
- Increased risk of veno-occlusive disease in patients who received Mylotarg either before or after HSCT, with underlying hepatic disease, abnormal liver functions, and in combination with other hepatic cleared medications.

