ASWCS Haematology Chemotherapy Protocols

7.3.3 Drug Regimen

| Avon, | Somerset | and W | litshire | WHS. |
|---------------|----------|-------|----------|------|
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| \mathcal{L} | [7] | 7 \ | 1 | |

| Days | | | | |
|------|---------------|--------------------------------------|-------|--|
| | Drug | Dose | Route | Comments |
| 1 | Dexamethasone | 40mg od | PO | Take in morning with food |
| 2 | Cispiatin | 100mg/m [®] | IV | Infusion in 500mls-1litre 0.9% NaCl over 24hrs |
| | Cytarabine † | 2gm/m³ 12hourly for 2 doses | IV | Infusion in 4litte 0.9% NaCl over 3hrs Start time of each infusion is 12hrs apart |

Do not forget prednisolone 0.5% eye drops TDS - QDS for 5 • 7 days starting on day 2.

7.3.4 Cycle Frequency and Duration

- Repeated every 21-28 days as soon as blood count recovery ascertained - neutrophils 1.0 x 10⁹/I and platelets (unsupported) >100 x 10⁹/I.
- 2-6 cycles in total but usually consolidated with stem cell transplant in responding patients < 65 years of age.

7.3.5 Dose Modifications Haematological

- Delay treatment until neutrophils > 1.0x10⁶/I and platelets > 100x10⁹/I unless cytopenia is disease related.
- Renal dysfunction:

| Creatinine clearance (mls/min) | Modification | | |
|--------------------------------|--------------------------------------|--|--|
| >60 | No dose modification | | |
| 40-60 | 50% dose of Cisplatin | | |
| <40 | Substitute Carboplatin for Cisplatin | | |

Cytarabine should be used with caution in severe renal impairment

7.3.6 Investigations Prior to Each Dose of Chemotherapy

FBC, U&E, creatinine, LFTs, calcium, magnesium and creatinine clearance.

7,3.7 Assessment of Response

CT scan chest, abdomen and pelvis (+/- bone marrow aspirate and trephine biopsy if marrow disease at relapse) after 2-3 cycles of treatment.

7.3.8 Concurrent Medications

- Allopurinol 300mg (100mg if creatinine clearance <20mls/min) od for first 2 weeks
- Aggressive pre- and post-hydration including potassium/magnesium supplementation required with cisplatin.

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