UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST — **HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION**

Document Code:	HROTA 319	**Written by:**	Amritpal Atwal	**Authorised By:** Consultant	Lindsay George
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Page:	1 of 2	**Valid until:**	Next review	Pharmacist	Nicola Marchant

Patient label:

Hb		Na^+		Alb		Height	
WCC		K^+		Bili		Weight	
Nts		U		AlkPhos		S.A.	
Plt		Cr		ALT			
		GFR					
		Ca					
		Mg					

Ref: UKALL2011 interim guidelines

Non-Trial UKALL2011

Regimen A: Standard Interim Maintenance

Indication: ALL patients

This phase runs for 9 weeks from Day 1 (beginning of week 9) to day 63 inclusive (end of week 17). Patients must have neuts >0.75x10^9/L and platelets >75 10^9/L to start this phase.

DAY DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	sig.	TIME	Pharm
1	Vincristine	1.5mg/m^2		N/SALINE	50	10mins	(Max 2mg)				
15	Intrathecal methotrexate due – Please prescribe using THROTA134										
29	Vincristine	1.5mg/m^2		N/SALINE	50	10mins	(Max 2mg)				
43	Intrathecal methotrexate due – Please prescribe using THROTA134										

Prescriber Sig. ..... Date: ..... Chemo Nurse ..... Date: ..... Pharmacist ..... Date: .....

Patient label:

Non-Trial UKALL2011

Regimen A: Standard Interim Maintenance

Proceed rules:

Drug	Neutrophils	Platelets	Renal (EDTA GFR ml/min)	Hepatic(bilirubin µmmol/L)
6-Mercaptopurine	> 0.75 x 10^9/L	> 75 x 10^9/L	No adjustment necessary	>50 = contact prescriber
Methotrexate			< 30 = omit MTX until >60 (i.e. completely resolved). Resume at 100% of the previous dose)	>50 = omit until < 20 and then restart at half of the previous dose. Escalate from 50% to 75% to 100% dose at 7-14 day intervals provided hyperbilirubinaemia does not recur. Do not modify dosage for elevated aminotransferases.
Vincristine			No adjustment necessary	> 50 = Withhold 25-50 = 50% dose Do not alter for abnormal transaminases

Medications to be prescribed on PICS

Anti-emetics	Supportive medication
PO/IV Metoclopramide 10mg TDS PRN	• PO Dexamethasone 6mg/m^2/day (given in 2 divided doses) on days 1-5 (week 9) and days 29-33 (week 13) **Dose = ...mg BD for on days 1-5 (week 9) and days 29-33 (week 13)** • PO 6-Mercaptopurine 75mg/m^2 OD on days 1-56 (weeks 9-16) but not days 57-63 (week 17) (*Round to nearest 50mg)*. **Dose = ...mg OD for 56 days. See table above for dose adjustments** • PO Methotrexate 20mg/m^2 ONCE A WEEK on days 1, 8, 22, 29, 36, 50 and 57. No PO methotrexate on day 15 (week 11) and day 43 (week 15) *i.e. omit during the weeks that intrathecal methotrexate is given* (*Round to nearest 2.5mg)* **Dose = ...mg WEEKLY for 7 weeks. See table above for dose adjustments** • PO Co-trimoxazole 960mg BD on Sat/Sun if BSA >1.5m^2. 480mg BD on Sat/Sun if BSA <1.5m^2. • Antifungal prophylaxis: as per QPULSE policy. • Aciclovir 400mg BD. • If the patient is Philadelphia chromosome positive – Adults imatinib starting at 400mg and titrating up to 600mg daily. Children 340mg/m^2 max 600mg daily.