UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST						HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION
Document Code:	HROTA312	Written by:	Amritpal Atwal	Authorised By:	Consultant	Sridhar Chaganti
Issue No:	1.0	Issue date:	August 2020		Clinical Nurse Specialist	Nicola Jones
Page:	1 of 2	Valid until:	Next review		Pharmacist	Nicola Marchant

Patient label:

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

Reference: UKALL 2011 Trial, protocol version 7.0

NON –TRIAL UKALL 2011
Regimen A: Induction

Indication: ALL. This regimen is for patients with NCI Standard Risk BCP ALL and Down syndrome (DS) patients. The induction is over 5 weeks.

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	sig.	TIME	Pharm
1	**Intrathecal methotrexate prescribe on THROTA 134**										
2	**VINCRISTINE**	**1.5mg/m²**		N/Saline	50	IV 10min	**Max 2mg**				(Max 2mg)
4	**PEGASPARGASE (Oncaspar)**	**1000 units/m²**		Intramuscular							
8	**Intrathecal methotrexate prescribe on THROTA 134**										
9	**VINCRISTINE**	**1.5mg/m²**		N/Saline	50	IV 10min	**Max 2mg**				(Max 2mg)
16	**VINCRISTINE**	**1.5mg/m²**		N/Saline	50	IV 10min	**Max 2mg**				(Max 2mg)
18	**PEGASPARGASE (Oncaspar)**	**1000 units/m²**		Intramuscular							
23	**VINCRISTINE**	**1.5mg/m²**		N/Saline	50	IV 10min	**Max 2mg**				(Max 2mg)
29	**Intrathecal methotrexate prescribe on THROTA 134.** ***Prescribe mercaptopurine on PICs.***										
30	**VINCRISTINE**	**1.5mg/m²**		N/Saline	50	IV 10min	**Max 2mg**				(Max 2mg)

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

Patient label:

NON –TRIAL UKALL 2011
Regimen A: Induction

Proceed rules (as per UKALL 2011 protocol):

Drug	Neutrophils ($x10^9$/L)	Platelets ($x10^9$/L)	Renal (GFR ml/min)	**Check LFTs ONLY if patient jaundiced.** Hepatic(bilirubin µmmol/L)
Mercaptopurine	>0.75	>75.	No reduction necessary	>50 µmol/L omit mercaptopurine until it is <20 µmol/L, 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.**
Pegaspargase			No reduction necessary	Withhold if total bilirubin >51. **Do not alter dose for abnormal transaminases.**
Vincristine			No reduction necessary	Withhold if total bilirubin >51. **Do not alter dose for abnormal transaminases.**

Medications to be prescribed on PICS	
Anti-emetics	**Supportive medication**
• Metoclopramide 10mg TDS PRN PO/IV	• Dexamethasone 3mg/m^2 BD (max 10mg/day) **for 28 days**. Then taper. • For DS patients - dexamethasone 5mg/m^2 BD on **days 1-7** and **days 15-21, no taper**. No cap of dexamethasone dose. • Allopurinol 100mg/m^2 TDS on days 1-5. • Mercaptopurine 75mg/m^2/day **starting day 29.** To continue until D21 of consolidation (4 weeks from the start in week 5 of induction). If necessary give extra doses between induction and consolidation to ensure continuity of therapy. • Lansoprazole 30mg OD. • Aciclovir 400mg BD. • Co-trimoxazole 960mg BD Sat and Sun if BSA >1.5m^2. Co-trimoxazole 480mg BD Sat and Sun if BSA 1.1-1.5m^2 • Antifungal prophylaxis: Ambisome 50mg EOD. • Imatinib if Philadelphia positive. Children: 340 mg/m^2 daily is recommended (not to exceed the total dose of 600 mg). Adults 600mg OD.
Other information	
• All patients should be adequately hydrated (at least 2-2.5L/m^2/day). Give parenterally for the first 48 hours.	