

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION

Document Code:	HROTA 318	Written by:	Amritpal Atwal	Authorised By:	Consultant Lindsay George	<i>Lindsay George</i> (HON A CMB)
Issue No:	1.0	Issue date:	December 2020	Clinical Nurse Specialist	Nicola Jones	<i>Nicola Jones</i> (DAVID WMB)
Page:	1 of 2	Valid until:	Next review	Pharmacist	Nicola Marchant	<i>Nicola Marchant</i>

Patient label:

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

Ref: UKALL2011 interim guidelines

Non-trial UKALL 2011
Regimen A

Delayed Intensification

Indication: ALL. Patients need to have neutrophils $>0.75 \times 10^9/L$ and platelets $>75 \times 10^9/L$ to start days 1-16 and then from day 29-40.
This phase runs for 7 weeks from day 1 (beginning of week 18) to day 49 inclusive (end of week 24).

DAY	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME	Pharm
1	Intrathecal methotrexate due – Please prescribe using THROTA 134									
2	Vincristine	1.5mg/m ²		N/SALINE	50	10mins	(Max 2mg)			
	Doxorubicin	25mg/m ²				IV Bolus				
4	Pegylated asparaginase (Oncaspar)	1000units/m ²		Intramuscular Injection			Omit if patient is Philadelphia positive.			
9	Vincristine	1.5mg/m ²		N/SALINE	50	10mins	(Max 2mg)			
	Doxorubicin	25mg/m ²				IV Bolus				
16	Vincristine	1.5mg/m ²		N/SALINE	50	10mins	(Max 2mg)			
	Doxorubicin	25mg/m ²				IV Bolus				
29				D/SALINE	1000	4 hours	To start 30mins prior to cyclophosphamide			
	Cyclophosphamide	1000mg/m ²		N/SALINE	250	30mins	Run alongside fluid.			
29	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
30	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
31	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
32	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
36	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
37	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
38	Cytarabine	75mg/m ²		N/SALINE	250	30mins				
39	Cytarabine	75mg/m ²		N/SALINE	250	30mins				

Prescriber Sig:

Date:

Chemo Nurse

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Date:

Pharmacist

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Date:

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Proceed rules:

Drug	Neutrophils	Platelets	Renal (EDTA GFR ml/min)	Hepatic(bilirubin μ mol/L)
6-Mercaptopurine	> 0.75 x 10 ⁹ /L (Required to proceed on Day 1 and Day 29)	> 75 x 10 ⁹ /L (Required to proceed on Day 1 and Day 29)	No adjustment necessary	>50 = contact prescriber
Cyclophosphamide			No adjustment necessary	No adjustment necessary
Cytarabine			No adjustment necessary	>120 = Omit >90 but \leq 120 = 25% dose >50 but \leq 90 = 50% dose Do not alter dose for abnormal transaminases
Doxorubicin			No adjustment necessary	> 120 = omit >90 but \leq 120 = 25% dose > 50 but \leq 90 = 50% dose Do not alter for abnormal transaminases
Pegylated Asparaginase			No adjustment necessary	> 50 = Withhold Do not alter for abnormal transaminases
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
<ul style="list-style-type: none"> PO/IV Ondansetron 8mg BD on Day 29 (first dose 30mins prior to cyclophosphamide) and then PRN if required thereafter. PO/IV Metoclopramide 10mg TDS PRN 	<ul style="list-style-type: none"> PO Dexamethasone 10mg/m²/day on days 2-8 (week 18) and 16-22 (week 20) (given in 2 divided doses) No taper. Do not cap dexamethasone dose. Dose =mg BD for 7 days on days 2-8 (week 18) and 16-22 (week 20). PO 6-Mercaptopurine 60mg/m² OD for 14 days from day 29 (beginning of week 22) until day 42 (end of week 23 inclusive) (Round to nearest 50mg). Dose =mg OD for 14 days. PO Co-trimoxazole 960mg BD on Sat/Sun if BSA >1.5m². 480mg BD on Sat/Sun if BSA <1.5m². Antifungal prophylaxis: as per QPULSE policy. If patient is Philadelphia chromosome positive – Adults imatinib starting at 400mg and titrating up to 600mg daily. Children 340mg/m² max 600mg daily.

Other Information

- Once treatment has begun on day 1, it should not be interrupted due to myelosuppression alone. Treatment due on day 29 should be delayed until neutrophils >0.75 x 10⁹/L and platelets >75 x 10⁹/L and again once started should not be interrupted due to myelosuppression alone.
- Doxorubicin can be administered in 100ml over 1 hour if patient has central line access. Prescription will need to be amended.