

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION

Document Code: HROTA 318

Written by: Amritpal Atwal

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(NON A CLASSE)

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Clinical Nurse Specialist Nicola Jones

(David Wardle)

Page: 1 of 2

Valid until: Next review

Pharmacist Nicola Marchant

Researcher

Patient label:

Hb	Na ⁺	Alb	Height
WCC		Bili	
Nts	U	AkPhos	Weight
Pt	Cr	ALT	S.A.
	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 DATE	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/NSALINE	50	10mins	(Max 2mg)				
4	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/NSALINE	50	10mins	(Max 2mg)				
16	Doxorubicin	25mg/m ²			IV Bolus					
16	Vincristine	1.5mg/m ²	N/NSALINE	50	10mins	(Max 2mg)				
29	Doxorubicin	25mg/m ²			IV Bolus					
29	Cyclophosphamide	1000mg/m ²	D/SALINE	100	4 hours	To start 30mins prior to cyclophosphamide				
29	Cytarabine	75mg/m ²	N/NSALINE	250	30mins	Run alongside fluid.				
30	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
31	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
32	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
36	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
37	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
38	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					
39	Cytarabine	75mg/m ²	N/NSALINE	250	30mins					

Prescriber Sig.

Date:

Chemo Nurse

Date:

Pharmacist

Date:

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HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION

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Authorised By: Consultant Lindsay George (Hona Callie) (David Laverick)

Clinical Nurse Specialist Nicola Jones (David Laverick)

Pharmacist Nicola Marchant (David Laverick)

Patient label:

Non-trial UKALL 2011

Regimen A

Delayed Intensification

Proceed rules:

Drug	Neutrophils > 0.75 x 10 ⁹ /L (Required to proceed on Day 1 and Day 29)	Platelets > 75 x 10 ⁹ /L (Required to proceed on Day 1 and Day 29)	Renal (EDTA GFR ml/min) No adjustment necessary	Hepatic(bilirubin μmol/L) >50 = contact prescriber
Cytarabine			No adjustment necessary	No adjustment necessary
Doxorubicin			No adjustment necessary	>120 = Omit >90 but ≤ 120 = 25% dose >50 but ≤ 90 = 50% dose Do not alter dose for abnormal transaminases
Pegylated Asparaginase			No adjustment necessary	> 120 = omit > 90 but ≤ 120 = 25% dose > 50 but ≤ 90 = 50% dose Do not alter for abnormal transaminases
Vincristine			No adjustment necessary	> 50 = Withhold Do not alter for abnormal transaminases
			No adjustment necessary	> 50 = Withhold Do not alter for abnormal transaminases
			No adjustment necessary	25-50 = 50% dose Do not alter for abnormal transaminases
				Do not alter for abnormal transaminases

Medications to be prescribed on PICs

Anti-emetics

- PO/I/V Ondansetron 8mg BD on Day 29 (first dose 30mins prior to cyclophosphamide) and then PRN if required thereafter.
- PO/I/V Metoclopramide 10mg TDS PRN

Supportive medication

- 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 QPU/SE 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.