UKALL 14

Consolidation 3 / Delayed Intensification

Days 1-28

Height	cm
Weight	kg
BSA	m^2

Cycle length:	42 days
Destination:	

CBC	Day 1	Limits
Date		
Hb		
Neuts		> 0.75 x 10^9/L
Plts		> 75 x 10^9/L

Hypersensitivities/Allergies

Antiemetics
Domperidone 10mg PO QID
± Cyclizine 50mg TDS PO/IV

Agent	Round
Daunorubicin	5 mg
Vincristine	0.2 mg
Peg-Asparaginase	75 units (IU)

DOSE MODIFIED: No Yes

Reference: UKALL 14 trial protocol –v5.0 – 20/07/12

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
Continuous			**Imatinib** ***(Philadelphia +ve patients only)***		mg	PO	Continued for patients with **Philadelphia positive disease**. Continuous daily Imatinib, PO, aiming to escalate to 600mg, if tolerated. This should be continued until transplant wherever possible. Prescribe on regular medication chart or outpatient prescription.					
Days 1-4, 8-11, 15-18, 22-25			**Dexamethasone 10 mg/m^2** (max 20mg)		mg	PO	Chart once daily in the morning on outpatient prescription / regular medication chart					
1			Ondansetron	8	mg	PO	Give one hour prior to chemotherapy					
			Daunorubicin 25 mg/m^2		mg	IV	In 100 mL sodium chloride 0.9 % over 20 minutes (via side arm of fast running sodium chloride 0.9 % if peripheral)					
			*Sodium chloride 0.9 %	250	mL	IV						
			Vincristine 1.4 mg/m^2 (max 2mg)		mg	IV	In 50 mL sodium chloride 0.9 % over 10 minutes					
			Ondansetron	8	mg	PO/IV						
2			**Methotrexate 12 mg**			**IT**	See separate intrathecal chemotherapy medication chart (C160016)					
4			**Peg-Asparaginase 1000 units/m^2**		units	IV	In 100ml sodium chloride 0.9 % over at least 1 hour					

- ***Sodium chloride 0.9 % not required for central line administration of daunorubicin**
- **Daunorubicin should be infused through a CVAD. Free flow (DO NOT PUMP) if given through a peripheral line**
- **Timing of intrathecal therapy can be moved +/- 3 days to allow administration on specific lists as per local and national guidelines**
- **Azole antifungals should not be given within 72 hours of vincristine**
- **Interrupt chemotherapy for serious infection or neutropenic sepsis – see protocol**
- **Check Antithrombin III and Fibrinogen every 2 days while receiving Peg-Asparaginase**

Consultant:
NZMC Reg. No:

UKALL 14
Consolidation 3 / Delayed Intensification

Days 1-28

Height	cm
Weight	kg
BSA	m^2

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
8			Ondansetron	8	mg	PO	Give one hour prior to chemotherapy					
			Daunorubicin 25 mg/m^2		mg	IV	In 100 mL sodium chloride 0.9 % over 20 minutes (via side arm of fast running sodium chloride 0.9 % if peripheral)					
			*Sodium chloride 0.9 %	250	mL	IV						
			Vincristine 1.4 mg/m^2 (max 2mg)		mg	IV	In 50 mL sodium chloride 0.9 % over 10 minutes					
			Ondansetron	8	mg	PO						
15			Ondansetron	8	mg	PO	Give one hour prior to chemotherapy					
			Daunorubicin 25 mg/m^2		mg	IV	In 100 mL sodium chloride 0.9 % over 20 minutes (via side arm of fast running sodium chloride 0.9 % if peripheral)					
			*Sodium chloride 0.9 %	250	mL	IV						
			Vincristine 1.4 mg/m^2 (max 2mg)		mg	IV	In 50 mL sodium chloride 0.9 % over 10 minutes					
			Ondansetron	8	mg	PO						
17			**Methotrexate 12 mg**			**IT**	See separate intrathecal chemotherapy medication chart (C160016)					
22			Ondansetron	8	mg	PO	Give one hour prior to chemotherapy					
			Daunorubicin 25 mg/m^2		mg	IV	In 100 mL sodium chloride 0.9 % over 20 minutes (via side arm of fast running sodium chloride 0.9 % if peripheral)					
			*Sodium chloride 0.9 %	250	mL	IV						
			Vincristine 1.4 mg/m^2 (max 2mg)		mg	IV	In 50 mL sodium chloride 0.9 % over 10 minutes					
			Ondansetron	8	mg	PO						

- ***Sodium chloride 0.9 % not required for central line administration of daunorubicin**
- **Daunorubicin should be infused through a CVAD. Free flow (DO NOT PUMP) if given through a peripheral line**
- **Commence Consolidation 3 phase 2 once neutrophils > 0.75 x 10^9/L and platelets are >75 x 10^9/L**

UKALL 14
Consolidation 3 / Delayed Intensification
Phase 2
Days 29-42

Height	cm
Weight	kg
BSA	m^2
Infusion rate (125 x BSA) = mL/hr	

Destination:	

CBC	Day 29	Limits
Date		
Hb		
Neuts		> 0.75 x 10^9/L
Plts		> 75 x 10^9/L

Reference: UKALL 14 trial protocol –v3.0 – 18aug10

Hypersensitivities/Allergies

Antiemetics
Domperidone 10mg PO QID
± Cyclizine 50mg TDS PO/IV

Agent	Round
Cyclophosphamide	50 mg
Cytarabine	10 mg
Mercaptopurine	tablet size 50 mg

DOSE MODIFIED: Yes / No

NB. ***Above limits must be met before commencing day 29 chemotherapy***

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
Days 29-42			**Mercaptopurine 60 mg/m^2**		mg	PO	Chart once daily for 14 days on regular medication chart or outpatient prescription					
29			Dexamethasone	8	mg	PO	Give one hour prior to chemotherapy					
			Ondansetron	8	mg	PO	Give one hour prior to chemotherapy					
		T-30 mins	1000mL glucose 4 % and sodium chloride 0.18 %		mL/hr	IV	Run at 125 mL/m^2/hr for 30 minutes					
		T = 0	**Cyclophosphamide 1000 mg/m^2**		mg	IV	In 250ml sodium chloride 0.9 % over 30 minutes					
			1000mL glucose 4 % and sodium chloride 0.18 %		mL/hr	IV	Run at 125 mL/m^2/hr for 3 ½ hours following cyclophosphamide					
			Ondansetron	8	mg	PO						

UKALL 14
Consolidation 3 / Delayed Intensification
Phase 2
Days 29-42

Height	cm
Weight	kg
BSA	m^2

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
30			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
31			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
32			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
33			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
37			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
38			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
39			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					
40			**Cytarabine 75 mg/m^2**		mg	IV	Bolus					

- **Consolidation 4 to commence when neutrophils > 0.75 X 10^9/L and platelets >75 X 10^9/L**