Indication	AML
Treatment Intent	Disease modification
Frequency and number of cycles	14 days of treatment which is given as 2 x 7 days of continuous IV infusions repeated every 28 days Generally patient should receive a minimum of 4 courses if tolerated. There is no maximum number of courses. Consider stopping if no response after 4 courses or progressive disease at any point.
Monitoring Parameters pre-treatment	• FBC, U&Es and LFTs baseline and on day 1 and day 8 of each cycle. • Proceed with first course of treatment regardless of FBC. Subsequent cycles should be commenced when neutrophils and platelets have recovered (i.e. neuts >/= 1 x 10^9/L and PLT >/= 100 x 10^9/L). • Consideration should be given to continuing therapy if recovery from previous cycles is slow and myelosuppression is a symptom of disease – discuss these cases with the treating consultant. • **Hepatic Impairment:** Clinical decision to treat in hepatic impairment. • **Renal impairment:** no dose reduction necessary if CrCl> 10ml/min, otherwise review with clinician. • **Dose modification:** Dose modifications are at the clinicians' discretion. • **<u>Common drug interactions</u>: (for comprehensive list refer to BNF/SPC)** Flucytosine should not be administered with Cytarabine • **Adverse reactions** A Cytarabine syndrome has been described. It is characterised by fever, myalgia, bone pain, occasionally chest pain, maculopapular rash, conjunctivitis and malaise. It usually occurs 6 - 12 hours following drug administration. Corticosteroids have been shown to be beneficial in treating or preventing this syndrome. If the symptoms of the syndrome are serious enough to warrant treatment, corticosteroids should be contemplated as well as continuation of therapy with cytarabine. Tumour Lysis Syndrome: (TLS) Monitor for signs and symptoms of TLS. Appropriate measures (hydration, allopurinol, rasburicase) must be taken to prevent hyperuricemia as clinically indicated.
References	SPC accessed online 22/04/20 Kings College Hospital protocol KMCC protocol HAEM-AML-019 v1

NB For funding information, refer to CDF and NICE Drugs Funding List

1st course: 2 x 7 day infusions

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1-7 Day 8-14	**CYTARABINE**	**10mg/m²/day (total dose 70mg/m²/over 7days)**	IV	Continuous	To be administered over 7 days via continuous infusion pump
TTO	Drug	Dose	Route	Directions	
Day 1	Allopurinol	300mg	PO	OD Dispense on cycle 1 only Delete if not clinically indicated	
	Metoclopramide	10mg	PO	10mg TDS PRN. Do not take for more than 5 days continuously.	

2nd course: 2 x 7 day infusions to be commenced when haematological parameters met.

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1-7 Day 8-14	**CYTARABINE**	**10mg/m²/day (total dose 70mg/m²/over 7days)**	IV	Continuous	To be administered over 7 days via continuous infusion pump
TTO	Drug	Dose	Route	Directions	
	Metoclopramide	10mg	PO	10mg TDS PRN. Do not take for more than 5 days continuously.	