Regimen Reference Order – LEUK – nelarabine

ARIA: LEUK - [nelarabine]

Planned Course: **Every 21 days (Days 1, 3 and 5) until disease progression or unacceptable toxicity**

Indication for Use: **T Cell Acute Lymphoblastic Leukemia or Lymphoblastic Lymphoma, Relapsed/Refractory**

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

- ***Proceed regardless of ANC and platelet value***

Cycle 2 and onwards

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***
  - **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles **(Self-administered at home)** *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LEUK – nelarabine

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Days 1, 3 and 5		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
nelarabine	1500 mg/m^2	IV over 2 hours (administer undiluted)

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LEUK DSG – Dose Banding document for more information

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin and uric acid as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Patients should report any neurologic toxicities as soon as they occur
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- nelarabine is known to cause neurological adverse events including mental status changes, severe somnolence, seizures, neuropathy, paresthesia, motor weakness, paralysis, craniospinal demyelination and ascending peripheral neuropathies