Chemotherapy Protocol

Acute Myeloid Leukaemia

AZACITIDINE (SC) - VENETOCLAX

Regimen

AML – Azacitidine (SC) - Venetoclax

Indication

Newly diagnosed acute myeloid leukaemia (AML).
Patient has had/is having molecular analysis performed.
Patient has de novo AML or secondary AML.
The most recent bone marrow blast count shows more than 30% blasts.
Standard intensive chemotherapy is unsuitable due to age, fitness or the presence of significant co-morbidities
Patient has been prospectively assessed for the risk of development of tumour lysis syndrome with venetoclax and that appropriate risk mitigation strategies have been put in place.

Monitoring

Viral screening is required before starting treatment including Hepatitis B surface antigen, core antibody and HIV status.

FBC, U&Es (including potassium, serum bicarbonate, blood urea nitrogen, phosphate, LDH, creatinine, adjusted calcium and uric acid) and LFTs should be measured prior to starting therapy and pre-existing electrolyte abnormalities corrected. There is a risk of tumour lysis syndrome (TLS) hence it is necessary to monitor potassium, uric acid, phosphate, adjusted calcium, LDH and creatinine at 6 to 8 hours and at 24 hours after the first dose and during each dose increase of venetoclax. Electrolyte abnormalities should be corrected promptly. The next venetoclax dose should not be administered until the 24-hour blood chemistry results have been evaluated (see section on TLS below).

If known cardiovascular or pulmonary disease patients should undergo a full cardiopulmonary assessment before and during treatment with azacitadine.

Dose Modifications

Dose Information

Azacitidine will be dose banded according to the national dose bands (25mg/ml).

Venetoclax is available as 10mg, 50mg and 100mg film-coated tablets.

Administration Information

Before administration the contents of the azacitidine syringe must be re-suspended by inverting the syringe 2-3 times and vigorously rolling the syringe between the palms for 30 seconds.

Azacitidine should be administered by subcutaneous injection into the upper arm, thigh or abdomen. Injection sites should be rotated. New injections should be given at least 2.5cms from the previous sites and never into areas where the site is tender,

particularly instructed to drink 1.5 to 2L of water daily, 2 days prior to and the days of dosing at initiation and each subsequent dose increase. Intravenous fluids should be administered as indicated based on overall risk of TLS or for those who cannot maintain an adequate level of oral hydration.

Hydrocortisone 1% cream apply to the injection site for the relief of inflammation up to four times a day, topical.

Senna 15mg at night when required for the relief of constipation oral.

Aciclovir 400mg twice a day

Antifungal prophylaxis

- **Posaconazole tablets 300mg twice a day on D4, then 300mg once a day thereafter**
- **Voriconazole tablets 400mg twice a day on D4, then 200mg twice a day thereafter**

Additional Information

The National Patient Safety Alert on oral chemotherapy (NPSA/2008/RRR001) must be followed in relation to venetoclax.

It must be made clear to all staff, including those in the community, that venetoclax must only be prescribed under the supervision of a consultant haematologist.

There are many drug interactions associated with venetoclax. Always check for drug interactions.

Day 2

Day 4

18. Ondansetron 8mg oral or intravenous

19. Azacitidine 75mg/m in water for injection over one minute subcutaneous injection.

Take home Day 4

20. Warning – Check hydration status

21. Warning – Check Venetoclax Dose

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Cycle 2 onwards

Day 1, 2, 3, 4, 5, 8, 9

26. Ondansetron 8mg oral or intravenous

27. Azacitidine 75mg/m in water for injection over one minute subcutaneous injection.

Take home Day 1

28. Venetoclax 100mg once a day for 28 days oral

29 Metoclopramide 10mg three times a day when required for the relief of nausea oral

30. Hydrocortisone 1% cream apply to the injection site for the relief of inflammation up to four times a day, topical.

31 Senna 15mg at night when required for the relief of constipation, oral.

32. Antifungal prophylaxis

33 Aciclovir 400mg twice a day for 28 days