**Regimen Monograph**

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | References | Other Notes | Disclaimer

## A - Regimen Name

# ATRAMERCMTRX Regimen

**Tretinoin (ATRA)-Mercaptopurine-Methotrexate**

**Disease Site**

Hematologic - Leukemia - Acute Promyelocytic (APL)

**Intent**

Palliative
Curative

**Regimen Category**

**evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**The information provided in this document is intended for use only in the management of adults with leukemia, and for cancer centres with expertise in treating acute leukemia.**

**Rationale and Uses**

Maintenance therapy for high-risk APL, after consolidation treatment with ARSEATRA(CONS HI)

| | |
|---|---|
| **Supplementary Public Funding** | **mercaptopurine**<br>ODB - General Benefit (mercaptopurine)<br><br>**methotrexate**<br>ODB - General Benefit (methotrexate - oral tablets)<br><br>**tretinoin (ATRA)**<br>Exceptional Access Program (tretinoin (ATRA)) |

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## B - Drug Regimen

**Start 3 to 4 weeks after the end of ARSEATRA(CONS HI) cycle 2:#**

| | | | |
|---|---|---|---|
| **tretinoin (ATRA)** | 45* mg /m²/day | PO | Days 1 to 14 |
| (*in 2 divided doses per day) | | | |
| **mercaptopurine** | 50-90 mg /m²/day | PO | Days 15 to 90 |
| **methotrexate** | 5-15 mg /m²/week | PO | Days 15 to 90 ** |

**Methotrexate has weekly dosing.

# APML4 regimen (Iland et al.)

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## C - Cycle Frequency

Each cycle is 3 months. **Repeat for 8 cycles.**

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Minimal – No routine prophylaxis; PRN recommended

**Other Supportive Care:**

Also refer to CCO Antiemetic Recommendations.

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## K - References

Iland HJ, Bradstock K, Supple SG, et al. All-trans-retinoic acid, idarubicin, and IV arsenic trioxide as initial therapy in acute promyelocytic leukemia (APML4). Blood 2012;120(8):1570-80.

**July 2021** Updated Dosing section

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## M - Disclaimer

***Regimen Abstracts***

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

*Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.*

***Regimen Monographs***

*Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.*

*The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses,*

*directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.*

*The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.*

*Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.*

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