

Regimen Monograph

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A - Regimen Name

CYTAIDAR Regimen

Idarubicin-Cytarabine

Disease Site Hematologic - Leukemia - Acute Myeloid (AML)

Intent 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 As induction / consolidation therapy in newly diagnosed AML

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B - Drug Regimen

Adapted for outpatient administration:

IDArubicin	12 mg /m ²	IV	Days 1 to 3
cytarabine	200 mg /m ² /day	IV continuous infusion	Days 1 to 7

If patient is **60 years of age and over**, use **cytarabine 100 mg/m²/day CIV days 1 to 7**

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C - Cycle Frequency

Single cycle as induction (usually inpatient)

Also as consolidation therapy for up to 2 cycles (the number of days of anthracycline and cytarabine may be modified as per local practice)

(Also refer to local protocols)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (D1-3)
Low (D4-7)

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Pharmacy Workload (average time per visit) 15.794 minutes

Nursing Workload (average time per visit) 61.667 minutes

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K - References

Berman E, Heller G, Santorsa J, et al. Results of a randomized trial comparing idarubicin and cytosine arabinoside with daunorubicin and cytosine arabinoside in adult patients with newly diagnosed acute myelogenous leukemia. *Blood*. 1991;77(8):1666-74.

Döhner H, Estey EH, Amadori S, et al. Diagnosis and management of acute myeloid leukemia in adults: recommendations from an international expert panel, on behalf of the European LeukemiaNet. *Blood* 2010;115(3):453-74.

Löwenberg B, Pabst T, Maertens J, et al. Therapeutic value of clofarabine in younger and middle-aged (18-65 years) adults with newly diagnosed AML. *Blood* 2017;129(12):1636-45.

Pautas C, Merabet F, Thomas X, et al. Randomized study of intensified anthracycline doses for induction and recombinant interleukin-2 for maintenance in patients with acute myeloid leukemia age 50 to 70 years: results of the ALFA-9801 study. *J Clin Oncol*. 2010 Feb 10;28(5):808-14.

Princess Margaret Hospital Clinical Practice Guidelines: Acute Myeloid Leukemia. September 2015.

May 2019 Updated emetic risk category

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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.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public

funding information.

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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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