**Regimen Monograph**

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

## A - Regimen Name

# DANAFARBER(CONT) Regimen

**Dana Farber (continuation phase)**

**Disease Site**
Hematologic
Leukemia - Acute Lymphoblastic (ALL)

**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.**

**Supplementary Public Funding**
**mercaptopurine**
ODB - General Benefit (mercaptopurine)

**dexamethasone**
ODB - General Benefit (dexamethasone)

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## B - Drug Regimen

**Philadelphia Chromosome (Ph) negative adult patients, age <60 years:**

**Q 21 DAYS:**

| | | | |
|---|---|---|---|
| **methotrexate** | 30 mg /m² | IV / IM | Days 1, 8, 15 |
| (OMIT on intrathecal days) | | | |
| **vinCRIStine** | 2 mg | IV | Day 1 |
| **dexamethasone** | 6 mg /m² | PO | BID; Days 1-5 |
| **mercaptopurine** | 50 mg /m² | PO | Days 1 to 14 |

**Q 18 WEEK Intrathecal (methotrexate + cytarabine + hydrocortisone):**

IT to start 18 weeks from the last IT dose in intensification phase

| | | | |
|---|---|---|---|
| **methotrexate** | 12 mg | IT | Day 1 |
| **and** | | | |
| **cytarabine** | 40 mg | IT | Day 1 |
| **and** | | | |
| **hydrocortisone** | 15 * mg | IT | Day 1 |

*An alternative hydrocortisone dose of 50 mg IT may be used, based on local protocol

(Methotrexate, cytarabine and hydrocortisone can be admixed in the same syringe. Also refer to local protocols.)

The regimen details vary based on Ph status and patient age. Refer to local protocols.

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## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

For a total of 24 cycles (72 weeks)

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Minimal

**Other Supportive Care:**

Also refer to CCO Antiemetic Recommendations.

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## J - Administrative Information

| | |
|---|---|
| Approximate Patient Visit | 0.5 hour (with additional time on intrathecal days) |
| Pharmacy Workload (average time per visit) | 17.604 minutes |
| Nursing Workload (average time per visit) | 38.611 minutes |

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## K - References

Storring JM, Minden MD, Kao S, et al. Treatment of adults with BCR-ABL negative acute lymphoblastic leukaemia with a modified paediatric regimen. Br J Haematol 2009;146(1):76-85.

DeAngelo DJ, Stevenson KE, Dahlberg SE, et al. Long-term outcome of a pediatric-inspired regimen used for adults aged 18-50 years with newly diagnosed acute lymphoblastic leukemia. Leukemia. 2015 Mar;29(3):526-34.

**December 2021** Defined patient group in Drug regimen section; added ODB funding (mercaptopurine, dexamethasone)

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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.*

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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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