Oral Idarubicin for palliative treatment of AML in elderly patients

Indication: Palliative treatment for elderly patients with AML

Regimen details: Idarubicin 20mg/m² daily orally D1, D8, D15 and D22

The dose may be reduced depending on clinician preference and patient performance status.

Idarubicin is available as 5mg, 10mg, 25mg capsules.

The capsules should be swallowed whole with some water and should not be sucked, bitten or chewed. Idarubicin capsules may also be taken with a light meal.

A maximum cumulative dose of 400 mg/m² is recommended; also consider if previous treatment with an anthracycline has been given.

Administration: Orally

Premedication: None required.

Frequency: 28 day cycle, 1 or 2 cycles may be given.

Extravasation: Not applicable

Anti-emetics: Moderate emetogenic potential (30 - 90%)

Supportive medication: Allopurinol 100 - 300mg od (depending on renal function)

Regular investigations: FBC D1 of every cycle, minimum. Frequency to be determined by Consultant.

LFTs D1 of every cycle

U&Es D1 of every cycle

Dose Modifications

Haematological Toxicity

Prior to every cycle:

<table>
<thead>
<tr>
<th>Neutrophils (x 10⁹/L)</th>
<th>Platelets (x 10⁹/L)</th>
<th>Etoposide</th>
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</thead>
<tbody>
<tr>
<td>≥1.0 x 10⁹/L</td>
<td>&amp;</td>
<td>100% dose</td>
</tr>
<tr>
<td>&lt;1.0 x 10⁹/L</td>
<td>or</td>
<td>Discuss with Consultant</td>
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</tbody>
</table>

NB. In the presence of cytopenias due to marrow involvement with disease, it is possible that initial cycles will go ahead even if neutrophils <1.0 x 10⁹/L and platelets < 100 x 10⁹/L. This should be confirmed with a Consultant.
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Renal Impairment  No dose adjustments required.

Hepatic Impairment  Consider a dose reduction for hepatic impairment. If bilirubin < 40umol/L, give 100% dose, if 40-85umol/L, 50% dose, >85umol/L do not administer.

Toxicities:  Myelosuppression, cardiac toxicity, nausea and vomiting, mucositis, diarrhoea, fever and chills; skin rash; elevation of liver enzymes and bilirubin in about 10-20% of cases.

Doses reduced for toxicity should not be re-escalated

Drug interactions:  None


Dose Adjustment for Cytotoxics in hepatic Impairment. November 2003. NELCN.