4.04 Protocol name: High Dose Methylprednisolone

Indication

• CLL

Pre-treatment Evaluation

• Document FBC (with film), U&E, creatinine, LFTs, calcium, glucose, serum protein electrophoresis, immunoglobulin levels and a direct antiglobulin test (DAT).
• If staging is relevant this should include documentation of B symptoms, CT of chest, abdomen & pelvis and bone marrow aspirate & trephine.
• Document WHO performance status of patient.
• Document height, weight and body surface area.
• Consider ECG ± echocardiogram if clinical suspicion of cardiac dysfunction.
• Give adequate verbal and written information for patients and relatives concerning patient’s disease, treatment strategy and side effects.
• Obtain written consent from patient or guardian.
• If appropriate, discuss the possibility of pregnancy with female patients of child-bearing age and the need for contraception with both male and female patients.
• If appropriate, discuss potential risk of infertility with patient and relatives.
• Consider intravenous hydration in patients with bulky disease.
• Allopurinol should be considered for the first 2 cycles of chemotherapy.

Drug Regimen

<table>
<thead>
<tr>
<th>Days</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5</td>
<td>Methylprednisolone</td>
<td>1g/m²/day</td>
<td>IV</td>
<td>Infusion in 250mls 0.9% saline over at least 2 hours</td>
</tr>
</tbody>
</table>

Cycle Frequency / Treatment Duration

• Every 28 days.
• Treat to complete remission or maximum response

Investigations prior to subsequent cycles

• FBC
• LFT, U&E, Creatinine, LDH ESR, glucose.
• Clinical assessment of response to be documented in notes.
Concurrent Medication

- Antifungal prophylaxis
- Gastric protection i.e. PPI
- Oral hypoglycaemics may be indicated during treatment periods

Anti-emetics

None required

References

- Thornton et al 1999
- SPC

Patient Information


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