CYTARABINE (SUBCUTANEOUS)

Palliative chemotherapy for AML, CML and high risk myelodysplastic syndrome in the elderly
May be administered in the out-patient setting providing twelve hourly administration can be arranged

Drugs/Dosage: **Cytarabine** 20mg s/c every 12 hours from Day 1 to Day 10 (20 doses)

Other Drugs: Allopurinol 300mg po daily, ideally starting 24 hours before chemotherapy – review after 4 weeks.
Patients who are persistently neutropenic may be given prophylactic ciprofloxacin 250mg po bd

Administration: subcutaneous bolus every twelve hours, into the thigh or abdomen

Frequency: usually every 4 weeks, but may be necessary to extend to every 6 weeks
If evidence of response after 2 cycles, at least 4 cycles should be given

Main Toxicities: myelosuppression; mucositis; diarrhoea

Anti- emetics: mildly emetogenic

Regular Investigations:

FBC	Day 1 and as indicated
U&Es	Day 1
LFTs	Day 1

Dose Modifications

Haematological Toxicity:

Cycle 1: No dose modifications

Subsequent cycles: These patients are likely to require considerable supportive transfusion input. However, if low blood counts are thought to be cytarabine-related, subsequent cycles should be delayed as necessary.

Hepatic Impairment:

Bilirubin(µmol/L)	Cytarabine Dose
> 34	Give 50% dose

Patient Information: Macmillan leaflet for Cytarabine

References: AML 14 trial, MRC 2004

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