HIGH DOSE METHYLPREDNISOLONE

A treatment option for patients with 17p-deleted CLL, or other selected patients resistant to or unsuitable for standard first and second line regimens.

Drug/Dosage:	**Methylprednisolone**	1000mg/m^2 IV or PO	once daily on Days 1 to 5 (5 doses in total)

Administration: Intravenous doses to be reconstituted as directed, then diluted in 250 ml of 0.9% sodium chloride and infused over 30 minutes; ideally administered in the mornings.
Oral doses to be taken with or after breakfast.

Other drugs: Allopurinol (dose according to renal function) – review after 4 weeks
Use of proton pump inhibitor or H_2 receptor antagonist (e.g. ranitidine) is recommended whilst treating with steroids
Fluconazole (50 – 150mg od) for antifungal prophylaxis
Aciclovir prophylaxis (400mg bd) only if history of VZV or HSV reactivation
Consider PCP prophylaxis – prescribe according to unit practice/protocol

Frequency: 4 weekly cycle

Main Toxicities: steroid side effects

Anti-emetics: none required

Regular Investigations:	FBC	before each cycle
	U&Es	before each cycle
	LFTs	before each cycle
	LDH	before each cycle
	Blood glucose monitoring	see Comments
	Urine testing for glucose	see Comments
	Blood pressure monitoring	see Comments

Comments: Blood glucose and blood pressure monitoring to be tailored according to individual patient needs, but with all patients monitored, as practical, during the first 5 days of Cycle 1.

Oral hypoglycaemic agents will be required if blood glucose is sustained above 12 mmol/l.

Patients should also be advised to report any increase in thirst or increase in need to urinate.

Dose Modifications

Haematological Toxicity: No dose adjustment necessary

Renal or Hepatic Impairment: No dose adjustment necessary

Other: If severe steroid-related side effects develop, consider reducing dose and/or duration.

Patient Information: Macmillan produce a Steroid leaflet, which may be used as required.

References: Thornton, PD et al; Ann Haematol 2003; 82: 759 - 765

Reason for Update: general review	Approved by Chair of Alliance TSSG: Dr A Laurie
Version: 2	Date: 18.2.15
Supersedes: Version 1	Review Date: March 2018
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