BCCA Protocol Summary for Induction and Consolidation Therapy of Relapsed Acute Promyelocytic Leukemia Using Arsenic Trioxide

**Protocol Code**
LKATOR

**Tumour Group**
Leukemia/BMT

**Contact Physician**
Dr. Sujaatha Narayanan

**ELIGIBILITY:**
Acute promyelocytic leukemia (APL) with t(15;17) translocation and PML/RAR-alpha gene expression:
- Relapsed after first-line therapy, including arsenic trioxide based regimens, or
- Refractory to non-arsenic trioxide based regimens

**EXCLUSIONS:**
- Bilirubin greater than 51 micromol/L
- Baseline QTc greater than 500 msec

**TESTS:**
- **Bloodwork:**
  - *Day 1:* CBC and differential, platelets, electrolytes, calcium, magnesium, phosphate, urea, serum creatinine, ALP, AST, ALT, bilirubin, LDH, albumin, uric acid, INR, PTT, fibrinogen, HSV, HZV, HBsAg, HBsAB, HBcAb
  - *Every visit:* CBC and differential, platelets, electrolytes, magnesium, urea, serum creatinine
  - *Three times a week:* ALP, AST, ALT, bilirubin, LDH, calcium, phosphate
  - *Weekly and as clinically indicated:* uric acid, INR, PTT, fibrinogen
- **ECG**
  - Baseline, then weekly and as clinically indicated

**PREMEDICATIONS:**
- metoclopramide 30 mg IV/PO 30 minutes Q6H PRN
- diphenhydrAMINE 25 mg IV/PO Q6H PRN

**SUPPORT MEDICATIONS:**
- predniSONE 0.5 mg/kg (round to nearest 5 mg) once daily on Days 1 to 60 or until end of induction therapy
- If HSV and/or HZV seropositive: valACYClovir 500 mg PO BID
  Continue valacyclovir until at least 1 month after completion of all cycles of arsenic OR at the discretion of the physician
TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Induction Dose</th>
<th>BCCA Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>arsenic trioxide</td>
<td>0.15 mg/kg once daily on Days 1 to 35</td>
<td>IV in 100 mL NS over 2 h</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Consolidation Dose*</th>
<th>BCCA Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>arsenic trioxide</td>
<td>0.15 mg/kg once daily for 5 consecutive days per week for 5 weeks</td>
<td>IV in 100 mL NS over 2 h</td>
</tr>
</tbody>
</table>

* Usually starts one week after end of induction

Note: Dosing of arsenic trioxide based on total body weight in obese patients may result in higher than expected plasma and tissue concentrations in obese patients. Monitor all obese patients closely for signs of acute arsenic toxicity.

DOSE MODIFICATIONS:

1. Non-hematological

Dose levels for toxicities (except hepatotoxicity and QTc prolongation)

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>arsenic trioxide (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start level 0</td>
<td>0.15</td>
</tr>
<tr>
<td>-1</td>
<td>0.11</td>
</tr>
<tr>
<td>-2</td>
<td>0.10</td>
</tr>
<tr>
<td>-3</td>
<td>0.075</td>
</tr>
</tbody>
</table>

2. Hematological:

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Duration</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 or</td>
<td>Less than 50</td>
<td>More than 5 weeks</td>
<td>Reduce by one dose level</td>
</tr>
<tr>
<td>Less than 1</td>
<td>or</td>
<td>More than 50 days or occurs on 2 consecutive courses</td>
<td>Send bone marrow aspirate for RT-PCR analysis of PML/RARA. If persisting molecular complete remission, resume at one dose level lower than the previous dose.</td>
</tr>
</tbody>
</table>
3. Liver dysfunction:

<table>
<thead>
<tr>
<th>Hepatotoxicity</th>
<th>Dose</th>
</tr>
</thead>
</table>
| Grade 3-4      | • Hold until bilirubin and/or AST and/or alkaline phosphatase below 4 x ULN  
                  • Resume at 50% of previous dose during the first week.  
                  • Increase to full dose if no further worsening.  
                  • If hepatotoxicity reappears, discontinue both drugs. |

4. QT prolongation

<table>
<thead>
<tr>
<th>QTc interval</th>
<th>Dose</th>
</tr>
</thead>
</table>
| Greater than 460 msec in women and 450 msec in men | • Hold dose until QTc less than 460 msec (women) or 450 msec (men)*  
                  • Resume as below if no prolongation after each escalation:  
                    • Week 1: 0.075 mg/kg  
                    • Week 2: 0.11 mg/kg  
                    • Week 3 and thereafter: 0.15 mg/kg |

*Calculate the corrected QT interval using the Framingham formula \[ QTc = QT + 0.154 \left(1 - \frac{60}{HR}\right) \]

5. Other non-hematological toxicities:

<table>
<thead>
<tr>
<th>Toxicity</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>Reduce by 1 dose level</td>
</tr>
<tr>
<td>Grade 3-4</td>
<td>Hold until less than grade 2, then resume at two dose level reduction</td>
</tr>
</tbody>
</table>

PRECAUTIONS:
1. Neutropenia: Fever or other evidence of infection must be assessed promptly and treated aggressively. Refer to BMT/Leukemia Febrile Neutropenia Guidelines.
2. Renal dysfunction: patients with creatinine clearance less than 30 mL/min may require dose reduction.
3. Acute arsenic toxicity presents with convulsions, muscle weakness, confusion, and ECG abnormalities.
4. APL differentiation syndrome (DS) is defined as unexplained fever, dyspnea, pleural and/or pericardial effusion, pulmonary infiltrates, renal failure, hypotension, and unexplained weight gain greater than 5 kg. Severe DS is defined as 4 or more of these signs or symptoms and moderate DS is defined as 2 or more signs and symptoms. Dexamethasone 10 mg IV BID should be initiated.
5. **Leucocytosis** may develop after treatment initiation. Patients can be treated with hydroxyUREA 500 mg QID for WBC 10-50 x 10^9/L or 1000 mg QID for WBC greater than 50 x 10^9/L. Discontinue hydroxyUREA when WBC less than 10 x 10^9/L.

6. **Hepatitis B Reactivation**: All patients should be tested for HBsAg and HBcAb. If either test is positive, such patients should be treated with lamivudine 100mg/day orally for the entire duration of the chemotherapy and for six months afterwards. The patients should also be monitored with frequent liver function tests and hepatitis B virus DNA at least every two months. If the hepatitis B virus DNA level rises during this monitoring, management should be reviewed with an appropriate specialist with experience managing hepatitis and consideration given to halting chemotherapy.

Call Dr. Sujaatha Narayanan or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 1 May 2014

Date revised: 1 Apr 2017 (CAP requirement deleted)

**References**:
