CHLORAMBUCIL (based on the MRC CLL4 trial)

INDICATION: CLL, low grade lymphoma

1. There is considerable variation in the doses and schedules used. If the patient has been entered into a clinical trial refer to the trial protocol.

2. An alternative schedule commonly used is given below but precise details depend on the patient's age, performance status, prior therapy, blood counts and the goal of therapy. Dose and number of days treatment may be adjusted according to haematological toxicity with earlier cycles.

Prior to a course of treatment

- Check FBC. Patient should have adequate bone marrow reserve, i.e neutrophils > 1.0, platelets >75 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly - *if not discuss with consultant*
- Check U&Es, creat and LFTs – *see dose modification.*
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to male patients
- Written consent for course

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC - neutrophils should be >1.0 and platelets >75 *(see dose modification)*

As in MRC CLL4

Chlorambucil *	10mg/m^2 od	PO	days 1-7

Repeat every 28 days for up to 12 cycles

Alternative schedule (but see notes 2.)

Chlorambucil *	10mg od	PO	14 days if <75yrs, 10 days if >75yrs

* 2mg tablets

Repeat every 28 days for up to 12 cycles

Prophylaxis for emesis	Not usually needed – but if nausea a problem consider metoclopramide *or* divide daily dose into three
Other medications	Allopurinol 300mg od days 1-7 with cycle 1

Dose modification for haematological toxicity (unless due to disease)

• Day 28 neuts < 1.0 or plats <75	Delay treatment 1 week for up to 2 weeks
• Neuts remain <0.5 or plats <50	Delay treatment until at least these levels reached with dose modification as necessary as below
• If counts do not recover to neuts >1.0, or plats > 75 despite delay	Proceed at 50% dose

Dose modification for liver dysfunction

• Bilirubin > 57μmol/l	Consider initial dose reduction and adjust according to haematological toxicity

Dose modification for renal dysfunction — No initial reduction indicated but monitor carefully for haematological toxicity and adjust as necessary

Chlorambucil Toxicities	
Neutropenic sepsis & thrombocytopenia	Nausea & vomiting (none-mild)
Rash	Amenorrhoea & infertility (offer semen cryopreservation)
Mucositis	Potentially alopecia (mild)
Hepatotoxicity	Pulmonary fibrosis (late)
Second malignancies (late)	

Written by	Dr MP Macheta, Consultant Haematologist
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