

Blackpool Teaching Hospitals – Oct 2022

Dose modification neutropenia (unless due to disease) and neutropenic sepsis

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| <ul style="list-style-type: none"> • Neuts < 1.0 on day 1 | Review weekly and delay for up to two weeks until >1.0. |
| <ul style="list-style-type: none"> • Neuts remain < 1.0 despite delay | Reconsider suitability for treatment or reduce to 50-75% idarubicin – <i>discuss with consultant</i> |
| <ul style="list-style-type: none"> • Neuts recover to >1.0 | Proceed at 100% dose for 1 st delay, for subsequent delays reduce to 50-75% idarubicin or reconsider suitability for treatment - <i>discuss with consultant</i> |

Dose modification due to thrombocytopenia (unless due to disease)

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| <ul style="list-style-type: none"> • Plats < 75 on day 1 | Review weekly and delay for up to two weeks until >75 |
| <ul style="list-style-type: none"> • Plats remain <75 despite delay | Reconsider suitability for treatment or reduce to 50-75% idarubicin – <i>discuss with consultant</i> |
| <ul style="list-style-type: none"> • Plats recover to >75 | Proceed at 100% dose for 1 st delay, for subsequent delays reduce to 50-75% idarubicin or reconsider suitability for treatment - <i>discuss with consultant</i> |

Dose modification for renal dysfunction

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| <ul style="list-style-type: none"> • idarubicin | eGFR 20-50ml/min | 75% dose |
| | eGFR 10-20ml/min | 75% dose |
| | eGFR <10ml/min | use 50% dose with caution |

For liver dysfunction (unless due to disease)

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| <ul style="list-style-type: none"> • idarubicin | Bili <40 | 100% dose |
| | Bili 40-85 | 50% dose |
| | Bili >85 | Omit |

Z-Dex toxicities

General	Severe and life-threatening infection, Thrombocytopenia. bruising and bleeding, alopecia, nausea & vomiting, fatigue, tumour lysis syndrome, diarrhoea, mucositis, amenorrhoea and infertility, myelodysplasia/AML, second cancers
Dexamethasone	Weight gain, GI disturbance, hyperglycaemia and diabetes mellitus, cushingoid changes, CNS disturbance and mood changes, dyspepsia and GI ulceration
Idarubicin	Cardiac arrhythmias, cardiomyopathy

Authors:	Date	Review date
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