### Regimen

| Low dose Cytarabine (Ara-C) |

### Indication
Acute Myeloid Leukaemia and not fit for intensive therapy

### Therapeutic intent
Disease modification
Palliative

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Administration Details</th>
</tr>
</thead>
</table>
| 1 to 10 | Cytarabine | 40mg **once daily**
Or 20mg **twice a day** | SC | Inject subcutaneously into the upper arm, thigh or abdomen. Injection sites should be rotated. New injections should be given at least 2.5 cm from the previous site and never into areas where the site is tender, bruised, red, or hardened. |

### Cycle Frequency
Every 28 to 42 days. Treatment should be continued as long as the patient continues to benefit or until disease progression.

### Tests required prior to initiation of course
FBC, U&E, LFT.

### Tests required prior to individual cycle
FBC, U&E, LFT.

### Concurrent Medication
Allopurinol for first cycle only.
Antiemetics as per local policy.
Mouthcare as per local policy.

### Dose Modifications

| Hepatic | Dose modifications should be a clinical decision. |
| Renal | No dose modifications necessary. |
| Haematological | Subsequent cycles should be commenced when neutrophils and platelets have recovered (i.e. > 1.0 and >100). Consideration should be given to continuing therapy if recovery from previous cycles is slow and myelosuppression is a symptom of disease – discuss these cases with the treating consultant. |
### Additional Information

It is intended that patients are trained to administer low dose cytarabine in the community to reduce their visits to secondary care. It may be worthwhile for patients to attend as a day case to receive their first dose.

### References

<table>
<thead>
<tr>
<th>References</th>
<th>AML LI-1 protocol. March 2015.</th>
</tr>
</thead>
</table>

### Author

Pharmacy CNG

### Approved & Checked by

Haematology CNG (Review Date = Jan 2019)