

# Adult AML and Myelodysplastic Syndrome

## INITIAL EVALUATION

H&P  
 CBC, T Protein, Albumin, Creat, BUN, Alk Phos, T Bili, SGPT, LDH, Lytes, Fibrinogen, HIV and HEP B serology  
 Bone Marrow aspirate & biopsy with Histochemical stains (peroxidase, TdT, Butyrate, PAS, Iron, PML), chromosome studies, surface markers (CD33, CD13, CD41, CD10, CD3, CD19)  
 CXR before and after catheter placement  
 Left ventricular nuclear scan (pts with history anthracycline exposure, chf, inc BP, ischemia)  
 HLA type pt, sibs (if pt <71)

APL

Other AML, high risk MDS with better prognosis

Other AML, high risk MDS with worse prognosis

## REMISSION INDUCTION

Clinical Trial - Click here for available programs for Leukemia\*

Clinical Trial - Click here for available programs for Leukemia\*

Clinical Trial - Click here for available programs for Leukemia\*

## FOLLOW-UP DURING REMISSION INDUCTION

Hgb, WBC (diff only if WBC >500), Plt QOD; SMA, Lytes twice weekly (more if pt given amphotericin); Bone Marrow aspirate & biopsy on day 14, then weekly marrow aspirate (with biopsy only if previous aspirate inadequate) until response to induction known.  
 FOR APL, include: PT, Fibrinogen, Plt count monitored daily until DIC corrected.

## POST REMISSION TREATMENT\*\*

Clinical Trial - Click here for available programs for Leukemia\*

## FOLLOW-UP DURING POST-REMISSION TREATMENT

-CBC weekly  
 -Marrow for differential if blood counts abnormal 6-7 wks after start of course of treatment  
 -left ventricular scan prior to every other course of Idarubicin if abnormal initially, pt has risk factors, or once total ida dose of 180mg/m2 reached  
 -bactrim and fluconazole prophylaxis during expected neutropenia (days 7-21/28 after start of treatment) if age >65 or pt had major infection during prior course

## FOLLOW-UP ONCE TREATMENT COMPLETED

CBC every other month for 6 months, every 4th month for 12 months, then twice weekly for morphology if CBC abnormal

APL - Acute Promyelocytic Leukemia  
 AML - Acute Myelocytic Leukemia  
 MDS - Myelodysplastic Syndrome

\*\*NOTE: All patients age <71 with prognostically unfavorable chromosome abnormalities (all except inv(16), t (8;21), t (15;21) -Y) and HLA-matched sibling donor receive allogeneic marrow or blood stem cell transplant.