

NOPHO ALL-2008 SR och IR, 18-45 år, Induktion  
for Haematological malignancy

Regimen schedule

| Day                                       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| Prednisolon Morgondos                     | X | X | X | X | X | X | X | X | X | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Prednisolon Middagsdos                    | X | X | X | X | X | X | X | X | X | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Prednisolon Kvällsdos                     | X | X | X | X | X | X | X | X | X | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Doxorubicin                               | X |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Metotrexat                                | X |   |   |   |   |   |   | X |   |    |    |    |    |    | X  |    |    |    |    |    |    |
| Vinkristin                                | X |   |   |   |   |   |   | X |   |    |    |    |    |    | X  |    |    |    |    |    |    |
| Merkaptopurinmono-<br>hydrat<br>Kvällsdos |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Pegaspargas                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |

| Day                                       | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
|-------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Prednisolon Morgondos                     | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Prednisolon Middagsdos                    | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Prednisolon Kvällsdos                     | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Doxorubicin                               | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Metotrexat                                |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |
| Vinkristin                                | X  |    |    |    |    |    |    | X  |    |    |    |    |    |    |
| Merkaptopurinmono-<br>hydrat<br>Kvällsdos |    |    |    |    |    |    |    |    | X  | X  | X  | X  | X  | X  |
| Pegaspargas                               |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |

About your treatment

Doxorubicin, methotrexate, vincristine, mercaptopurine monohydrate are cytostatics. Pegaspargas is a protein (enzyme) that removes an amino acid (asparagine) from the blood, so the leukemia cells cannot divide. Dexamethasone is cortisone. Each course is 35 days. On days 1 and 22, you receive cytostatics via drip. Methotrexate is given via a syringe into the spinal canal on days 1, 8, 15 and 29. On days 30, 31, 32, 33, 34 and 35, you take mercaptopurine monohydrate tablets in the evening. Mercaptopurine is taken at least 1 hour before or 2 hours after consuming milk or milk products. Your doctor or nurse will tell you how many tablets you should take at a time. On day 30, you will receive a shot of pegaspargas. Take Prednisolone tablets three times daily continuously. Your doctor or nurse will tell you how many tablets you should take at a time. During the treatment, your blood samples and any side effects are monitored

## Side effects - symptoms and tips

The side effects we list here are the most common and important. They can vary greatly from person to person, and even from time to time. Side effects may determine your dose or require you to stop taking the medicine.

Tell your doctor or nurse if you have any side effects. Often the symptoms can be prevented or alleviated.

### Fatigue

Fatigue is common. You may feel low in energy and never rested. Your memory may deteriorate, and you may find it harder to concentrate and solve problems. It can make you feel down, stressed and anxious. You may also find it difficult to socialise. Fatigue may persist for a long time after treatment.

**Tips:** Try to exercise and move around. It's the only thing known to help with fatigue.

### Nausea and taste changes

You may feel unwell from the treatment. You will therefore be given anti-nausea medication in conjunction with the treatment. The medicines may cause constipation. You can get different varieties depending on how you feel. The taste of food and drink may be altered by the treatment.

**Tips:** Sometimes it feels better to eat lighter food and small portions. For example, try skim milk, yoghurt, omelettes, sandwiches and hot or cold soups. Drinking a little extra between meals can reduce nausea.

### Problems with stomach and intestines

Diarrhoea is common. You may also become constipated.

**Tip:** Drink a lot, a few glasses more than usual per day. If you have diarrhoea, avoid fatty, spicy and high-fibre foods. If you're constipated, try high-fibre foods and exercise. Talk to your doctor if you get diarrhoea or constipation - you may need medication.

### Infection susceptibility

You will be susceptible to infection after treatment. This is because the level of white blood cells drops. Before each treatment, blood samples are taken to see if the blood cells have recovered. If the values are too low, the treatment must be postponed.

**Tips:** Try to avoid close contact with people who have a cold or stomach illness, for example. Wash your hands often with soap and water. Hand sanitizer can be useful.

### Problems with mouth and mucous membranes

The mucous membranes of your nose, mouth, eyes and abdomen may be affected by your treatment. For example, you may have nosebleeds and a runny nose. In the mouth, you may experience dryness, redness, burning and sores. You can also get fungus, which turns the lining of your mouth red or gives it a white coating. Eyes may become dry and watery. The mucous membranes in the lower abdomen can also become dry.

**Tip:** If you have a dry mouth, use saliva stimulants available in pharmacies. Rinsing your mouth with Vichy water can prevent fungus. Be attentive to oral hygiene, and use a soft toothbrush and mild toothpaste. Be careful with floss and toothpicks. Inform your dentist of your cancer treatment when you visit. Avoid contact lenses if you have eye problems. Women can use oestrogen cream, emollient cream or oil to treat dry mucous membranes in the lower abdomen.

### Problems with hands and feet

It is common to get redness, dry flaky skin and swelling on the hands and soles of the feet. It can develop into blisters, cracks and sores. You may also get sore, tingling and numbness in your hands and feet. Contact your doctor immediately if you experience these symptoms.

**Tip:** Avoid exposing hands and feet to high heat, such as showering or washing dishes with very hot water. Protect your hands with gloves, for example when gardening. Also avoid exposing your hands and feet to vibration or abrasion, such as when using a drill for hours or running for miles.

## Hair loss

Usually you will lose your hair 2-4 weeks after the first treatment. The hair will start to grow back about 3-4 weeks after you have finished all the cytostatic treatment. Sometimes the hair colour changes, and straight hair can become curly. But over time, the hair usually returns to its former state. Sometimes, you may even lose eyebrows and eyelashes, but they also grow back.

## Numbness and tingling - sensory disturbances

You may experience numbness and tingling in your hands and feet, and your fine motor skills may be impaired. For example, you may find it difficult to press buttons or walk. Symptoms usually go away, but not completely in everyone. Tell your doctor or nurse if you have numbness or tingling in your hands and feet.

## Pain in muscles and bones

Pain, tenderness and weakness in the muscles are common.

**Tips:** Can be relieved with common painkillers.

## Urine

The urine may turn red after the first day of treatment.

## Contact your clinic immediately at:

- fever above 38 degrees, or temperature below 36 degrees
- severe diarrhoea, or diarrhoea combined with fever
- chest pain or difficulty breathing
- nosebleeds or other bleeding that you can't stop
- skin rash on most of the body, or skin rash with pain
- sudden deterioration, regardless of symptoms
- chest pain or difficulty breathing, call 112

## Common advice

Cancer drugs are usually excreted in the urine up to 7 days after treatment. Therefore, you should avoid splashing urine. Sit down when you pee. When finished, close the toilet lid and flush 2 times. It is important not to get pregnant or make someone pregnant while you are being treated with cancer drugs, as the drugs can affect the foetus. Therefore, use safe contraceptives. Sometimes double protection is needed, as side effects such as diarrhoea or the direct effect of cancer drugs may mean that the contraceptive pill is not enough protection on its own. If you are a man, use a condom during sexual intercourse within 72 hours of treatment, as cytostatic drugs are also excreted through the seminal fluid.

## General information about cancer

Useful information about cancer is available from both 1177 Vårdguiden and Cancerfonden:

[www.1177.se](http://www.1177.se)

[www.cancerfonden.se](http://www.cancerfonden.se)

## Notes

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