Lymphoma group

Cytarabine INTRATHECAL

INDICATION
CNS prophylaxis and treatment for patients with lymphoma.
Note: A liposomal preparation and separate protocol is available.

ALL INTRATHECAL DRUGS TO BE ADMINISTERED IN ACCORDANCE WITH NATIONAL GUIDANCE AND LOCAL POLICY

TREATMENT INTENT
Curative or disease modification depending on context.

PRE-ASSESSMENT
- Blood tests - FBC, coagulation screen.
- Stop/withhold anticoagulation.
- If platelets <40x10^9/L give 1-2 pools of platelets (depending on prior platelet increments) just before/during procedure. Correct any coagulation abnormality.
- Need for CNS prophylaxis or treatment should have been agreed in MDT.

DRUG REGIMEN
Day 1 CYTARABINE 70 mg INTRATHECAL.
Allow drug to reach room temperature before administering.

CYCLE FREQUENCY
Dependent on concurrent chemotherapy regimen.

RESTAGING
For CNS treatment, continue at least weekly until CSF clear.

DOSE MODIFICATIONS
Schedule may need modification if the platelet count is very low or coagulation is abnormal.
Renal/Hepatic impairment: no dose adjustment needed for intrathecal administration of a low-dose.
INVESTIGATIONS

FBC – aim for platelet count of > 40 x 10^9/L.

CONCURRENT MEDICATION

See individual treatment protocol.

EMETIC RISK

Minimal.

ADVERSE EFFECTS

- Arachnoiditis; headache, back pain, neck stiffness and fever, rarely leukoencephalopathy.
- Care should be taken if radiotherapy is given during or after intrathecal cytarabine therapy as it can exacerbate toxicity.

TREATMENT RELATED MORTALITY

<1%

REFERENCES


Review

<table>
<thead>
<tr>
<th>Name</th>
<th>Revision</th>
<th>Date</th>
<th>Version</th>
<th>Review date</th>
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</thead>
<tbody>
<tr>
<td>Sara Castro (Advanced Haematology Pharmacist)</td>
<td>Annual Protocol review</td>
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