

レジメン名 JALSG-ALL202-O寛解導入(60歳以上) 対象疾患 急性リンパ性白血病

| ChemoNavi | | 治療内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th>薬品名(成分名)</th> <th>投与量</th> <th>投与日</th> </tr> </thead> <tbody> <tr> <td>プレドニン(プレドニゾロン)*1(内服)</td> <td>60mg/m²</td> <td>day1~7</td> </tr> <tr> <td>エンドキサン(シクロfosファミド)</td> <td>800mg/m²</td> <td>day1</td> </tr> <tr> <td>ダウノマイシン(ダウノルピシン)</td> <td>30mg/m²</td> <td>day1~3</td> </tr> <tr> <td>オンコピン(ピンクリスチン)*2</td> <td>1.3mg/m²</td> <td>day1, 8, 15, 22</td> </tr> <tr> <td>ロイナーゼ(L-アスパラギナーゼ)*3</td> <td>3000U/m²</td> <td>day 9, 11, 13, 16, 18, 20</td> </tr> </tbody> </table> <p>*1 第8~14日に漸減、終了。DMのある患者は1週間投与やプレドニンの減量可(20mg/m²等)。 *2 オンコピンは2mg/bodyを超えない。Grade3以上の末梢神経障害で減量・中止。麻痺性イレウス発症後はフィルデシン(ピンデシン)3mg/m²(max 4mg/body)に変更。 *3 Grade3以上の肝障害で中止。肺炎出現時も中止。アレルギー出現時は筋注に変更。ショック時は中止。</p> | 薬品名(成分名) | 投与量 | 投与日 | プレドニン(プレドニゾロン)*1(内服) | 60mg/m ² | day1~7 | エンドキサン(シクロfosファミド) | 800mg/m ² | day1 | ダウノマイシン(ダウノルピシン) | 30mg/m ² | day1~3 | オンコピン(ピンクリスチン)*2 | 1.3mg/m ² | day1, 8, 15, 22 | ロイナーゼ(L-アスパラギナーゼ)*3 | 3000U/m ² | day 9, 11, 13, 16, 18, 20 | 投与サイクル数 | 1サイクル | <table border="1"> <thead> <tr> <th>day 1</th> <th>day 2</th> <th>day 3</th> </tr> </thead> <tbody> <tr> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開 ↓ ④ ダウノマイシン mg 生理食塩液 100ml 10:30~11:30 ↓ ⑤ エンドキサン mg 生理食塩液 500ml 11:30~14:30 </td> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ ダウノマイシン mg 生理食塩液 100ml 10:20~11:20 </td> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ ダウノマイシン mg 生理食塩液 100ml 10:20~11:20 </td> </tr> </tbody> </table> | day 1 | day 2 | day 3 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開 ↓ ④ ダウノマイシン mg 生理食塩液 100ml 10:30~11:30 ↓ ⑤ エンドキサン mg 生理食塩液 500ml 11:30~14:30 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ ダウノマイシン mg 生理食塩液 100ml 10:20~11:20 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ ダウノマイシン mg 生理食塩液 100ml 10:20~11:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 薬品名(成分名) | 投与量 | 投与日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| プレドニン(プレドニゾロン)*1(内服) | 60mg/m ² | day1~7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エンドキサン(シクロfosファミド) | 800mg/m ² | day1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ダウノマイシン(ダウノルピシン) | 30mg/m ² | day1~3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| オンコピン(ピンクリスチン)*2 | 1.3mg/m ² | day1, 8, 15, 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ロイナーゼ(L-アスパラギナーゼ)*3 | 3000U/m ² | day 9, 11, 13, 16, 18, 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| day 1 | day 2 | day 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>総投与時間</p> <p>day1 4時間30分 day2,3 1時間20分 day8,15,22 30分 day 9,11,13,16,18,20 2時間10分</p> | 血管外漏出リスク | エンドキサン(シクロfosファミド) :炎症性抗がん剤 ダウノマイシン(ダウノルピシン) :壊死性抗がん剤 オンコピン(ピンクリスチン) :壊死性抗がん剤 ロイナーゼ(L-アスパラギナーゼ) :非壊死性抗がん剤 | <table border="1"> <thead> <tr> <th>day 8</th> <th>day 9</th> <th>day 11</th> </tr> </thead> <tbody> <tr> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開 </td> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10 </td> <td> 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10 </td> </tr> </tbody> </table> | day 8 | day 9 | day 11 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10 | 点滴静注 ① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| day 8 | day 9 | day 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>投与スケジュール</p> <table border="1"> <thead> <tr> <th colspan="28">JALSG-ALL202-O寛解導入(60歳以上)</th> </tr> <tr> <th>治療日</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>..</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>..</th><th>28</th> </tr> </thead> <tbody> <tr> <td>プレドニン(内服)</td> <td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>エンドキサン</td> <td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ダウノマイシン</td> <td>●</td><td>●</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>オンコピン</td> <td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ロイナーゼ</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td>●</td><td></td><td>●</td><td></td><td>●</td><td></td><td>●</td><td></td><td>●</td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | JALSG-ALL202-O寛解導入(60歳以上) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 治療日 | 1 | 2 | 3 | 4 | .. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | .. | 28 | プレドニン(内服) | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | エンドキサン | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | ダウノマイシン | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | | オンコピン | ● | | | | | | | ● | | | | | | ● | | | | | | | | ● | | | | | | | ロイナーゼ | | | | | | | | ● | | ● | | ● | | ● | | ● | | ● | | ● | | | | | | | | | 投与時の注意事項 | ロイナーゼ初回投与時はブリックテストを行う。ブリックテスト陽性例ではロイナーゼ投与中止。 | <p>備考欄</p> |
| JALSG-ALL202-O寛解導入(60歳以上) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 治療日 | 1 | 2 | 3 | 4 | .. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | .. | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| プレドニン(内服) | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エンドキサン | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ダウノマイシン | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| オンコピン | ● | | | | | | | ● | | | | | | ● | | | | | | | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ロイナーゼ | | | | | | | | ● | | ● | | ● | | ● | | ● | | ● | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| day 1~7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 プレドニン 錠 分2 朝昼 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

レジメン名 JALSG-ALL202-O寛解導入(60歳以上) 対象疾患 急性リンパ性白血病

| ChemoNavi | | | 投与 サイクル数 | 1サイクル | 治療内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 薬品名(成分名) | 投与量 | 投与日 | | | day 13 | day 15 | day 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><th>薬品名(成分名)</th><th>投与量</th><th>投与日</th></tr> <tr><td>プレドニン(プレドニゾン)*1(内服)</td><td>60mg/m²</td><td>day1~7</td></tr> <tr><td>エンドキサン(シクロfosファミド)</td><td>800mg/m²</td><td>day1</td></tr> <tr><td>ダウノマイシン(ダウノルピシン)</td><td>30mg/m²</td><td>day1~3</td></tr> <tr><td>オンコピン(ピンクリスチン)*2</td><td>1.3mg/m²</td><td>day1, 8, 15, 22</td></tr> <tr><td>ロイナーゼ(L-アスパラギナーゼ)*3</td><td>3000U/m²</td><td>day 9, 11, 13, 16, 18, 20</td></tr> </table> <p>*1 第8~14日に漸減、終了。DMのある患者は1週間投与やプレドニンの減量可(20mg/m²等)。 *2 オンコピンは2mg/bodyを超えない。Grade3以上の末梢神経障害で減量・中止。麻痺性イレウス発症後はフィルデシン(ピンデシン)3mg/m²(max 4mg/body)に変更。 *3 Grade3以上の肝障害で中止。肺炎出現時も中止。アレルギー出現時は筋注に変更。ショック時は中止。</p> | 薬品名(成分名) | 投与量 | 投与日 | プレドニン(プレドニゾン)*1(内服) | 60mg/m ² | day1~7 | エンドキサン(シクロfosファミド) | 800mg/m ² | day1 | ダウノマイシン(ダウノルピシン) | 30mg/m ² | day1~3 | オンコピン(ピンクリスチン)*2 | 1.3mg/m ² | day1, 8, 15, 22 | ロイナーゼ(L-アスパラギナーゼ)*3 | 3000U/m ² | day 9, 11, 13, 16, 18, 20 | <p>総投与時間</p> <p>day1 4時間30分 day2,3 1時間20分 day8,15,22 30分 day 9,11,13,16,18,20 2時間10分</p> | <p>血管外漏出 リスク</p> <p>エンドキサン (シクロfosファミド) :炎症性抗がん剤 ダウノマイシン (ダウノルピシン) :壊死性抗がん剤 オンコピン (ピンクリスチン) :壊死性抗がん剤 ロイナーゼ (L-アスパラギナーゼ) :非壊死性抗がん剤</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 薬品名(成分名) | 投与量 | 投与日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| プレドニン(プレドニゾン)*1(内服) | 60mg/m ² | day1~7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エンドキサン(シクロfosファミド) | 800mg/m ² | day1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ダウノマイシン(ダウノルピシン) | 30mg/m ² | day1~3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| オンコピン(ピンクリスチン)*2 | 1.3mg/m ² | day1, 8, 15, 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ロイナーゼ(L-アスパラギナーゼ)*3 | 3000U/m ² | day 9, 11, 13, 16, 18, 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>投与スケジュール</p> <table border="1"> <thead> <tr><th colspan="28">JALSG-ALL202-O寛解導入(60歳以上)</th></tr> <tr><th>治療日</th><th>1</th><th>2</th><th>3</th><th>4</th><th>..</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>..</th><th>28</th></tr> </thead> <tbody> <tr><td>プレドニン 60mg/m²</td><td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>エンドキサン 1200mg/m²</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ダウノマイシン 60mg/m²</td><td>●</td><td>●</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>オンコピン 1.3mg/m²</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ロイナーゼ 3000U/m²</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>●</td><td>●</td><td>●</td><td></td><td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td>●</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | JALSG-ALL202-O寛解導入(60歳以上) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 治療日 | 1 | 2 | 3 | 4 | .. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | .. | 28 | プレドニン 60mg/m ² | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | エンドキサン 1200mg/m ² | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | ダウノマイシン 60mg/m ² | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | オンコピン 1.3mg/m ² | ● | | | | | | | ● | | | | | | ● | | | | | | | ● | | | | | | | ロイナーゼ 3000U/m ² | | | | | | | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | | | | | | | | | | | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開</p> |
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| 治療日 | 1 | 2 | 3 | 4 | .. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | .. | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| プレドニン 60mg/m ² | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エンドキサン 1200mg/m ² | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| オンコピン 1.3mg/m ² | ● | | | | | | | ● | | | | | | ● | | | | | | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ロイナーゼ 3000U/m ² | | | | | | | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <p>投与時の注 意事項</p> <p>ロイナーゼ初回投与時はブ リックテストを行う。ブリック テスト陽性例ではロイナー ゼ投与中止。</p> | <p>day 18</p> <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | | | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② ロイナーゼ U 注射用水 ml 5%ブドウ糖液 500ml 10:10~12:10</p> | <p>点滴静注</p> <p>① 生理食塩液 100ml 10:00~ ルート確保・フラッシュ用 ↓ ② グラニセトロン注(3mg/50mL) 1袋 10:10~ 全開 ↓ ③ オンコピン mg 生理食塩液 50ml 10:20~ 全開</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <p>備考欄</p> | <p>day 1~7</p> <p>内服</p> <table border="1"> <tr><td>プレドニン</td><td>錠</td></tr> <tr><td colspan="2">分2 朝昼</td></tr> </table> | | | プレドニン | 錠 | 分2 朝昼 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| プレドニン | 錠 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分2 朝昼 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |