Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

First-Line Treatment

Note: All recommendations are Category 2A unless otherwise indicated.

International Prognostic Scoring System (IPSS) Low/Intermediate-1

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<td>Lenalidomide2,3</td>
<td>Days 1–21: Lenalidomide 10mg orally once daily. Repeat cycle every 28 days for 2–4 months, then assess response.</td>
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ATG + Cyclosporine4–8* | Days 1–4: Antithymocyte globulin (ATG) 40mg/kg/day IV Cyclosporine. |

IPSS Intermediate-2/High

Azacitadine (Category 1)13–15† | Days 1–7: Azacitadine 75mg/m²/day IV or SC once daily. Repeat cycle every 4 weeks for minimum 4–6 cycles. |

Decitabine13–15† | Days 1–5: Decitabine 20mg/m²/day IV once daily, administered over 1 hour. Repeat cycle every 4 weeks for minimum 4–6 cycles. OR Days 1–3: Decitabine 15mg/m² IV every 8 hours, administered over 3 hours. Repeat cycle every 6 weeks for minimum 4–6 cycles. |

High Induction Chemotherapy (“7+3”)16–19 | Days 1–3: An anthracycline (daunorubicin 60–90mg/m² continuous IV, OR idarubicin 12mg/m²) plus Days 1–7: Cytarabine 100–200mg/m² continuous IV1,2 OR Matched sibling or unrelated donor hematopoietic stem cell transplant. |

* Cyclosporine dosing may be dosed at an initial dose of 5–6mg/kg/day BID, and adjusted for blood levels between 100–300ng/mL or per institutional guidelines.
† Azacitadine or decitabine therapy should be continued for at least 4 to 6 cycles to assess response to these agents.

References


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