Wessex Paediatric Oncology Supportive Care Guidelines: off treatment follow up ALL

Scope
This guideline applies to all paediatric oncology patients in the region. It does not apply to neonates on neonatal units.

Purpose
Children receiving treatment at the Southampton Paediatric Oncology Principal Treatment Centre (PTC) have open access to the designated Paediatric Oncology Ward at either the PTC or their Paediatric Oncology Shared Care Unit (POSCU). Their parents/carers will be in possession of contact details for these wards and have been instructed to contact them for any medical problems that arise while they are receiving treatment. These Guidelines are intended for the use of the medical teams at the PTC or POSCU. If one of the Paediatric Oncology patients presents to a medical service outside of the PTC or POSCU, please contact the medical teams at the PTC or POSCU for advice.

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Edited by: Dr Amy Mitchell (Paediatric Oncology Locum Consultant, UHS NHS FT) Valid from 2/12/16
General recommendations for End of treatment and follow up in children with Acute Lymphoblastic Leukaemia

1. Routine end of treatment bone marrows are no longer being recommended unless there is a clinical indication (e.g. low counts)

2. In first 6 months:
   - Suggest review in PTC approx. 3 months from EOT, and in POSCU every 1 month
   - Blood counts may be performed at parental request or clinical indications

3. 6-12 months from EOT:
   - Suggest 2 monthly review in POSCU
   - Routine blood counts generally not recommended but may be performed at parental request or clinical indications

4. 2nd Year from EOT:
   - Suggest 3 monthly review in POSCU, annual review in PTC
   - Routine bloods generally not recommended

5. 3rd Year from EOT:
   - Suggest 4 monthly review in POSCU, annual review in PTC

6. 4th and 5th Year from EOT:
   - Suggest 6 monthly review, alternating PTC and POSCU

7. Consider discharge at 5 years if well and no ongoing problems if ongoing needs or significant likelihood of late effects refer to late effects service/ready steady go or transition to adult services.

8. Cumulative anthracycline dose:
   - Reg A - 75mg/m2
   - Reg B and C - 175 mg/m2
   - ECHO’s only generally recommended for Reg B and C – 5 years from last anthracycline i.e delayed intensification

9. Other general EOT information:
   - Continue Septrin for 3 months from last chemotherapy
   - Booster immunisations at 6 months from EOT
   - Can drink normal water and have normal diet once counts recovered
   - CVL removal generally as soon as last VCR
   - If VZV non-immune needs IgG testing +/- VZIG if exposed in first 6 months from EOT, and aciclovir if develops Chicken Pox
   - Generally open access POSCU first 6 months from EOT, but once CVL removed will not routinely need admission if febrile unless clinically unwell.

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Off treatment follow up for Acute Lymphoblastic Leukaemia

**6 M**
- **PTC @ 3mths & stop septrin**
- **POSCU Monthly @ 1/2/4/5/6 M**

**6-12M**
- **PTC @ 12mth**
- **POSCU 2mthly @ 8M/10M**

**Yr 2**
- **POSCU 3mthly @ 15M/18M /21M**

**Yr 3**
- **PTC @ 3yrs**
- **POSCU 4mthly @ 28M/32M**

**Yr 4**
- **PTC @ 4yrs**
- **POSCU 6mthly @ 42M**

**Yr 5**
- **PTC @ 5yrs**
- **POSCU 6mthly @ 54M**

Consider discharge if well

Late effects follow up if required

Ready Steady Go

Booster Vaccines once 6m

For Regimen B & C plan ECHO for 5 years post last anthracycline

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PTC: Principal Treatment Centre: Southampton Children’s Hospital
POSCU: Your local shared care centre
### Off treatment surveillance after ALL: clinic record for parents:

<table>
<thead>
<tr>
<th>Time off treatment</th>
<th>Clinic appt date</th>
<th>Any tests required before</th>
<th>Outcome</th>
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<tbody>
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<td>5 years</td>
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1.2 References

Modified from Royal Marsden Follow-up Guidelines


Jitsuda Sitthi-Amorn, Anderson B. Collier, Off-therapy procedures are not beneficial in pediatric B-cell acute lymphoblastic leukemia, Pediatric Hematology and Oncology, 2016, 33, 3, 151


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