

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.

Chapter Authors:

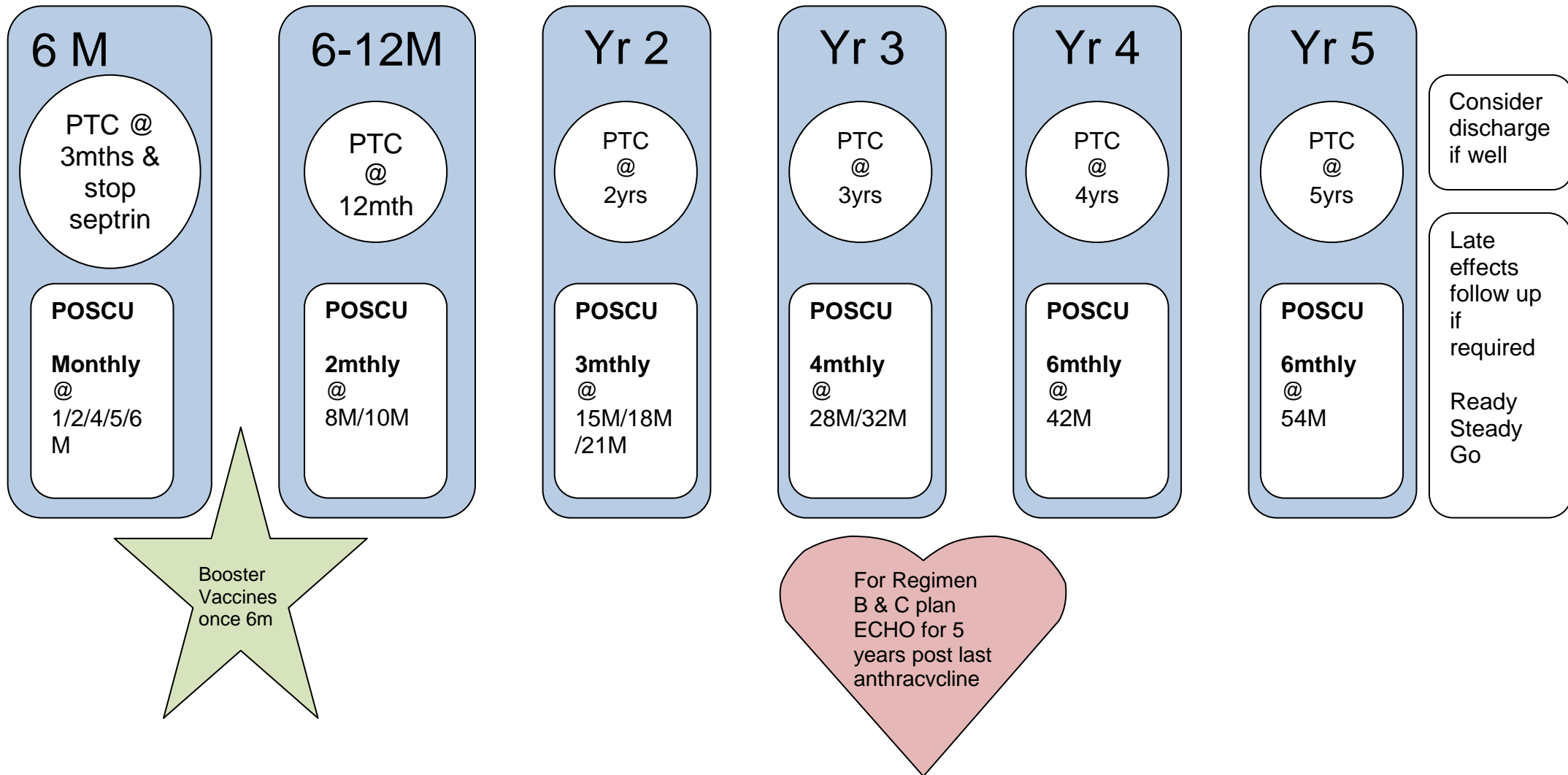
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General recommendations for End of treatment and follow up in children with Acute Lymphoblastic Leukaemia

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.

Off treatment follow up for Acute Lymphoblastic Leukaemia



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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:



Time off treatment	Clinic appt date	Any tests required before	Outcome
1mth			
2mth			
3mth	UHS		
4mth			
5mth			
6mth			
8mth			
10mths			
1 year	UHS		
15mths			
18mths			
21mths			
2 years	UHS		
28mths			
32mths			
3 years	UHS		
42mths			
4 years	UHS		
54 mths			
5 years	UHS		

1.2 References

Modified from Royal Marsden Follow-up Guidelines

UKALL 2011 Trial: United Kingdom National Randomised Trial for Children and young Adults with Acute Lymphoblastic Leukaemia and Lymphoma 2011, Version 4.0. December 2015

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