



**ALBERT EINSTEIN**  
HOSPITAL ISRAELITA

## Diretrizes Assistenciais

Protocolo para Tratamento de Pacientes com  
Leucemia Mielóide Aguda

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## PROTOCOLO PARA TRATAMENTO DE PACIENTES COM LEUCEMIA MIELÓIDE AGUDA

**Este protocolo envolve:** QUIMIOTERAPIA DE INDUÇÃO, CONSOLIDAÇÃO E MANUTENÇÃO EM PACIENTES COM LEUCEMIA MIELÓIDE AGUDA (LMA)

### Introdução

O objetivo deste protocolo é oferecer a pacientes com LMA, padronização de condutas desde o diagnóstico até o tratamento quimioterápico básico.

### Diagnóstico:

#### a.História:

- Sexo
- Idade
- Diagnóstico
- Quimioterapias prévias com datas e protocolos utilizados e complicações
- Radioterapias prévias com datas, campos, doses e complicações
- Evolução da doença de base e possíveis comorbidades

#### b.Exame Físico

- Peso, altura, superfície corpórea
- Performance status e/ou ECOG
- Exame da cavidade oral
- Palpação de linfonodos
- Exame de pele e fâneros, incluindo genitais, cavidade anal e região interdigital
- Propedêutica cardíaca, pulmonar, abdominal, neurológica

#### c. Exames complementares e de diagnóstico

- Exames gerais, sorologias, ECO, CVC
- Mielograma + Citogenética
- Imunofenotipagem/citoquímica
- Tipagem HLA
- Pesquisa mutação do FLT3
- REREME/REDOME no diagnóstico
- Exame do LCR: Se presença de sintomas neurológicos

## 2. Tratamento de Indução e consolidação para pacientes com LMA

DROGA	DOSE TOTAL	DOSE/DIA	VIA	DIAS
Citarabina	700mg/m <sup>2</sup>	100mg/m <sup>2</sup>	I.V infusão em 24hs	D1 a 7
Idarrubicina	36mg/m <sup>2</sup>	12mg/m <sup>2</sup>	I.V.	D 1 a 3

## 3. Hidratação e cuidados secundários

- Passagem de cateter central
- D1 a D7: 1 a 2l/m<sup>2</sup> de Soro fisiológico 0,9%
- Alopurinol 300mg/dia até 10 dias do início da quimioterapia
- Albendazol 1cp/dia x 3 dias
- Transfusão de plaquetas irradiadas e filtradas se plq,20.000/mm<sup>3</sup>
- Transfusão de concentrados de glóbulos irradiados e filtrados se Hb<8.0 g/dl
- Uso de fator de crescimento (G-CSF) somente em pacientes após indução e remissão hematológica completa ou na indução em caso de instabilidade clínica com infecções ou complicações agudas graves.

## 4.Acometimento do SNC

- Liquor+ sem deficit neurológico: QTIT 2xx/semana até liquor- seguido de 1x/semana por 4-6 semana
- Deficit neurológico e/ou cloroma: Considerar RT associado a QTIT mesmo esquema acima
- Screening pós RC e assintomático: QTIT 2xx/semana até liquor-

OBS: Se paciente receber HiDAC, não necessita QTIT

5. Acompanhamento: Realização de mielograma após 21 dias da quimioterapia ou recuperação de parâmetros hematimétricos (Hb > 10g/dl, plaquetas>100.000 e granulócitos>1500/mm<sup>3</sup>). Consideramos diferentes níveis de remissão segundo os critérios abaixo:

- Remissão morfológica
  - <5% blastos MO
  - 0% blastos com Auer e sem Dça extra MO
- Remissão Completa (remissão morfológica +)
  - ANC > 1000/mcL, PLQ >= 100.000mcL
  - Independente de transfusões
  - Remissão citogenética e molecular (LMA-M3 e Ph+)
- Remissão parcial
  - Diminuição >= 50% blastos para 5-25% do total de blastos
- Recaída
  - Blastos no sangue periférico ou > 5% blastos MO

## 6. Tratamento de consolidação após remissão completa e pacientes refratários.

- Para pacientes com risco alto e intermediário indicamos transplante de medula óssea alogênico aparentado HLA-idêntico como tratamento primeira linha após remissão completa.
- Para pacientes em risco baixo ou risco alto e intermediário que não dispõem de doadores HLA-idênticos aparentados, indicamos transplante de medula óssea autólogo após 1 ou 2 doses de HiDAC.
- Pacientes refratários ou em remissão parcial deverão realizar nova tentativa de indução com citarabina em altas doses associado ou não a antraciclina. Pacientes refratários ao segundo esquema terão indicação de TMO alogênico mesmo com doença em atividade.

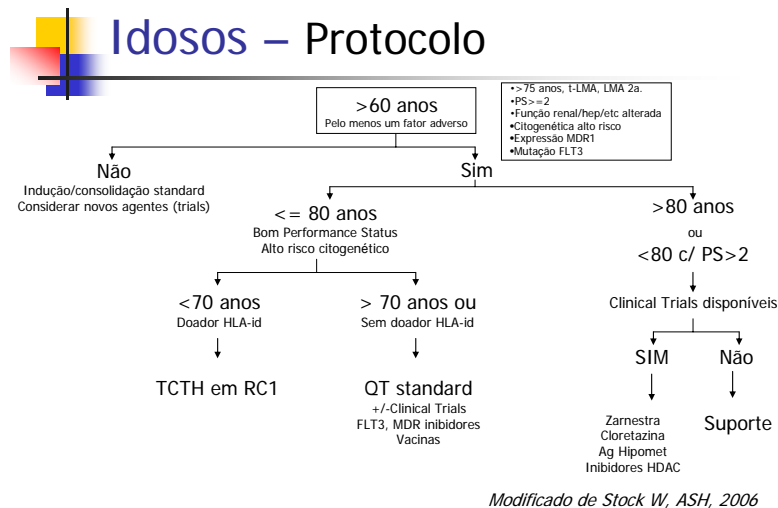
## 7. Citarabina em altas doses como tratamento de consolidação pré TMO autólogo ou re-indução em pacientes refratários

DROGA	DOSE TOTAL	DOSE/DIA	VIA	DIAS
Citarabina	6000mg/m <sup>2</sup>	1000mg/m <sup>2</sup> 12/12hs	I.V infusão em 24hs	D1 a 3

- Passagem de cateter central
- D1 a D3: 1 a 2l/m<sup>2</sup> de Soro fisiológico 0,9%
- Alopurinol 300mg/dia até 10 dias do início da quimioterapia
- Albendazol 1cp/dia x 3 dias
- Transfusão de plaquetas irradiadas e filtradas se plq,20.000/mm<sup>3</sup>
- Transfusão de concentrados de glóbulos irradiados e filtrados se Hb<8.0 g/dl
- Uso de fator de crescimento (G-CSF) somente em pacientes após indução e remissão hematológica completa ou na indução em caso de instabilidade clínica com infecções ou complicações agudas graves. Após uso de citarabina em altas doses como mobilização de células tronco CD34+ na dose de 10mgr/kg/dia dividido em 2 doses sub cutâneo ou endovenoso.
- Uso de colírio de dexametasona 6/6hs por 4 dias.
- Pacientes refratários poderão fazer uso associado de Idarrubicina na mesma dose de indução (vide item 3).

## 8. Pacientes idosos.

Para pacientes idosos seguir o fluxograma abaixo.



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