

Acute Leukaemia Working Party (ALWP) recommendations in relation to COVID-19 pandemic

The ALWP developed some important recommendations (Table below) to help AL patients' management in the current situation. The aims are to minimize the requirement for ICU admission, without compromising the patient's chance of being adequately treated.

Table - Recommendation for management of patients with acute leukemia during the COVID-19 outbreak

| General Points | | | |
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| <ul style="list-style-type: none"> ● Screening for COVID-19 infection before initiating chemotherapy ● Cytogenetics and molecular biology should be awaited before starting treatment ● If in MRD, molecular remission omitting one cycle of consolidation should be considered ● Outpatient visits should be deferred or replaced with telemedicine consultation whenever possible | | | |
| AML | Patient FIT for intensive therapy | favorable and intermediate cytogenetics risk | induction: "3+7" should be considered |
| | | | consolidation: cytarabine should be reduced to 1.5 mg/m ² |
| | | adverse cytogenetic risk | consider if real chance of going to allo-HSCT exists |
| | Patient UNFIT for intensive therapy | azacytidine or low-dose cytarabine in monotherapy, hydroxycarbamide, palliative care | |
| ALL | The recommended dose of glucocorticoids, especially during prephase, induction and consolidation should be maintained | | |
| Allo-HSCT | Discuss indication for allo-HCT on case by case Non-urgent allo-HCT should be deferred as much as possible High risk allo-HCT such as for refractory AL or patient with a high risk of NRM should not proceed | | |
| abbreviations: ALL: acute lymphoblastic leukemia; Allo-HSCT: allogeneic stem cell transplantation; AML: acute myeloid leukemia; MRD: measurable/minimal residual disease; "3+7": daunorubicin and cytarabine | | | |