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<b>Transplant Conditioning Regimen</b>		
<b>Cyclo/TBI</b>	<b>Myeloablative Autograft or allograft conditioning</b>	<b>TBI – 14.4Gy in 8 fractions Cyclophosphamide 60mg/kg/day x 2 days</b>  For allogeneic transplantation refer to local policy for GVHD prophylaxis, T cell depletion and supportive care
<b>Bu/Cy</b>	<b>Myeloablative Autograft or allograft conditioning for AML/CML</b>	<b>Busulfan 0.8mg/kg qds over 4 days Cyclophosphamide 60mg/kg x 2 days Phenytoin 1 gram od one day Phenytoin 300mg od for six days</b>  NB..Phenytoin to cover Busulphan administration  For allogeneic transplantation refer to local policy for GVHD prophylaxis, T cell depletion and supportive care
<b>Melphalan/TBI</b>	<b>Allograft conditioning for sibling allograft for Myeloma</b>	<b>Melphalan 110mg/m<sup>2</sup> TBI 12 Gy in 6 fractions</b>  For allogeneic transplantation refer to local policy for GVHD prophylaxis, T cell depletion and supportive care
<b>Flu/Mel/Campath</b>	<b>Non-myeloablative Allograft conditioning</b>	<b>Fludarabine 30mg/m<sup>2</sup>/day for 5 days Melphalan 140mg/m<sup>2</sup>/day for 1 day Campath 1H 10mg od IV for 5 days</b>  For allogeneic transplantation refer to local policy for GVHD prophylaxis, T cell

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<b>High dose Melphalan</b>	<b>Autograft conditioning for myeloma transplants.</b>	Day -1 Melphalan 140 mg/m <sup>2</sup> – reduced dose or elderly patients or with significant comorbidity, renal impairment.  Day -1 Melphalan 200mg/m <sup>2</sup> – conventional high dose Melphalan																														
<b>FLAMSA</b>	<b>Reduced intensity allograft conditioning for patients with AML not in remission at the time of transplant</b>	fludarabine (30mg/m <sup>2</sup> ), high-dose AraC (2g/m <sup>2</sup> ) and amsacrine (100mg/m <sup>2</sup> ) from day -12 to -9 (FLAMSA regimen) for initial reduction of leukemic burden.  Following 3 days of rest: 4Gy total body irradiation (TBI) on day -5, cyclophosphamide (40 mg/kg with related, 60 mg/kg with unrelated or mismatched donors) on day -4 and -3, and rabbit antithymocyte globulin (10mg/kg with related, 20mg/kg with unrelated or mismatched donors) on day -4, -3 and -2.																														
<b>RIC cord</b>	<b>As per BSBMT cord blood proposal</b>	<b>Cyclophosphamide 50mg/m<sup>2</sup> Day -6 (1 day)</b> <b>Fludarabine 40mg/m<sup>2</sup> Days -6 to -2 (5 days)</b> <b>TBI 2 Gy Day -1</b>  <b>IV Ciclosporin from Day -3 (trough levels 200-400 mcg/l)</b>																														

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		<p><b>Neoral post mucositis (CsA taper starts on Day +100)</b></p> <p><b>MMF 1g TDS until Day +35 or 7 days post engraftment (Engraftment = ANC <math>\geq 0.5 \times 10^9</math>/kg for 3 consecutive days)</b></p>
<b>Myeloablative cord</b>	<b>As per BSBMT cord blood proposal</b>	<p><b>Fludarabine 25 mg/m<sup>2</sup> x 3 days</b></p> <p><b>Cyclophosphamide 60mg/kg x 2 days</b></p> <p><b>TBI 14.4 Gy in 8 fractions</b></p> <p><b>MMF + CSA as GVHD prophylaxis</b></p>