

## **PCP-prophylaxis guideline**

Data from a NOPHO study on PCP prophylaxis indicates that PCP prophylaxis is effective in preventing PCP, and although it increases myelotoxicity and thus leads to reduced MTX/6MP dosing it does not interfere with prognosis (Levinsen 2011).

All patients should receive trimethoprim/sulphamethoxazole (TMP/SMX) at a dose of 5 mg/kg of trimethoprim (divided into 1-2 daily doses) on 2 consecutive days per week. The total daily dose should not exceed 320 mg trimethoprim and TMP/SMX prophylaxis should be given from diagnosis until cessation of maintenance therapy. TMP/SMX prophylaxis should be paused 24 hours before high-dose MTX therapy and until s-MTX is  $<0.2 \mu\text{mol/l}$ . For patients allergic to TMP/SMX, it may be considered to give dapsone (2 mg/kg/day, maximum dose 100 mg/day), aerosolized pentamidine (300 mg once monthly if  $\geq 5$  years of age), or atovaquone (30 mg/kg/day if  $<3$  months or  $>2$  years, 45 mg/kg/day if between 3 months and 2 years).