

**Analysis of the United Kingdom acute lymphoblastic Leukaemia X (UKALL X) protocol in a single unit at the National Cancer Institute Maharagama, Sri Lanka. MD (Clinical Oncology) - 2004 D 1246**

The aim of this study were to describe some of the patient characteristics at presentation, some of them being prognostic indicators of ALL and to determine the ability of these children with ALL to complete each phase of the UKALL X protocol on the scheduled date. A retrospective study was performed. Patients were identified from their medical records over a period of three years. Patient characteristics and scheduling of the UKALLX protocol were determined from medical records and patient interviews. Remission after induction was confirmed by bone marrow biopsy (BMB) reports maintained at the Haematology department at the National Cancer Institute Maharagama (NCIM). Hepatosplenomegaly was seen in 54 percentage of the study population, while it was about 66 percentage in the international literature. A Mediastinal mass was seen in 3.7 percentage of the study population. 18.5 percentage of the study population presented with a leucocyte count of more than 50,000, which were similar to international literature. 57.4 percentage of the study population presented with a leucocyte count of less than 10,000. 24 percentage of the patients presented with leucocyte counts between 10,000 and 49,000. There were more patients in the L2 sub type who presented with leucocyte counts of less than 4000 and over 50,000 than of the L1 sub type. 55 percentage of the study population presented with platelet counts less than 20,000 while it accounted for 28 percentage in the international literature. 44 percentage of the study population had platelet counts of more than 20,000. there were more patients in the L2 sub type who had platelet counts of less than 20,000 than in the L1 sub type. 48 percentage of the study population presented with Haemoglobin (Hb) levels of 7 g/dl while, 42 percentage and 10 percentage of the study population respectively presented with Hb levels of 7-11 g/dl and more than 10 g/dl. All patients with All need not be treated with single treatment regimes and optimum management of these patients with ALL need excellent supportive care in addition to sophisticated methods of investigations to determine specific risk groups.