

Regimen Reference Order – LYMP – CEOP

ARIA: LYMP – [CEOP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

| Drug | Dose | CCMB Administration Guideline |
|--|--------|---|
| Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (Self-administered at home) | | |
| allopurinol | 300 mg | Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles (Self-administered at home) Only patients at risk of tumor lysis syndrome will be prescribed allopurinol |

Treatment Regimen – LYMP – CEOP

| Establish primary solution 500 mL of: normal saline | | |
|---|--|---|
| Drug | Dose | CCMB Administration Guideline |
| Day 1 | | |
| predniSONE | 100 mg | Orally once in the morning with food (Self-administered at home) |
| ondansetron | 16 mg | Orally 30 minutes pre-chemotherapy |
| dexamethasone | 12 mg | Orally 30 minutes pre-chemotherapy |
| etoposide | 50 mg/m ² | IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> |
| vinCRiStine | 1.4 mg/m ² ; maximum dose 2 mg | IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion |
| cyclophosphamide | 750 mg/m ² | IV in normal saline 250 mL over 1 hour |
| Days 2 and 3 | | |
| predniSONE | 100 mg | Orally once daily in the morning with food (Self-administered at home) |

| | | |
|---|---|---|
| etoposide | 100 mg/m ² (to nearest 50 mg) | Orally once daily in the morning on an empty stomach Swallow whole <i>*Alert: Doses greater than 200 mg should be split into twice daily dosing. See etoposide Dosing Table on page 3</i> (Self-administered at home) |
| Days 4 and 5 | | |
| predniSONE | 100 mg | Orally once daily in the morning with food (Self-administered at home) |
| etoposide (VEPESID®) available dosage strength: 50 mg capsule Classification: Cytotoxic, Hazardous | | |

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Recommended Support Medications

| Drug | Dose | CCMB Administration Guideline |
|---|---|--|
| filgrastim (brand name specific) (See Filgrastim Clinical Guide) | 5 mcg/kg (rounded to nearest 300 mcg or 480 mcg) | <i>ONLY</i> to be given if patient eligible for Growth Factor Support (refer to CCMB Drug Formulary Web App for Primary Prophylaxis eligibility criteria) Subcutaneous once daily for 5 days to start on Day 5 |
| metoclopramide | 10 – 20 mg | Orally every 4 hours as needed for nausea and vomiting |

DISCHARGE INSTRUCTIONS

- Instruct patient to:
 - Continue taking anti-emetic(s) at home
 - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
 - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
 - Obtain immediate assistance as per your clinic's contact instructions if:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid
- Nurse will provide oral etoposide to the patient on Day 1. Remind patient to take etoposide at home
- Patients should notify clinic prior to starting any new medication. etoposide has potential for drug-drug interactions
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- For patients who do not tolerate oral etoposide, it may be substituted with intravenous etoposide on Days 2 and 3 at the physician's discretion. Intravenous etoposide dose would be 50 mg/m² on Days 2 and 3 for this regimen
- Oral etoposide is dispensed by CCMB Pharmacy to nursing (treatment room) on Day 1. CCMB Pharmacy will ship oral etoposide to CCP Pharmacy for patients being treated at a CCP
- CCMB Pharmacist is authorized to auto-substitute oral etoposide doses greater than 200 mg to twice daily dosing according to the table below
- **Note: At Cycle 1**, an entry called "*Physician Reminder- Growth Factor 60 y.o.*" will appear in the electronic drug order. **This prompt is to remind the prescriber to order filgrastim for eligible patients**

etoposide Dosing Table

| Oral etoposide dose | Automatic substitution |
|--------------------------|---|
| 250 mg orally once daily | 150 mg in the morning and 100 mg in the evening |
| 300 mg orally once daily | 150 mg in the morning and 150 mg in the evening |
| 350 mg orally once daily | 200 mg in the morning and 150 mg in the evening |
| 400 mg orally once daily | 200 mg in the morning and 200 mg in the evening |