

Regimen Reference Order – LYMP – GELOX

ARIA: LYMP - [GELOX]

Planned Course: Every 14 days for 6 cycles

Indication for Use: Extranodal Natural Killer/T-Cell Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

- **ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$**
 - **fibrinogen greater than 1 g/L**
- ❖ Contact Hematologist if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

| Drug | Dose | CCMB Administration Guideline |
|--------------|--------|--|
| 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 – GELOX

Establish primary solution 500 mL of: D5W

| Drug | Dose | CCMB Administration Guideline |
|----------------|-----------------------|---|
| Day 1 | | |
| ondansetron | 16 mg | Orally 30 minutes pre-chemotherapy |
| dexamethasone | 12 mg | Orally 30 minutes pre-chemotherapy |
| gemcitabine | 1250 mg/m^2 | IV in normal saline 250 mL over 30 minutes |
| oxaliplatin | 85 mg/m^2 | IV in D5W 500 mL over 2 hours |
| acetaminophen | 650 mg | Orally 1 hour prior to pegaspargase |
| hydrocortisone | 100 mg | IV in normal saline 50 mL over 15 minutes 45 minutes prior to pegaspargase |

| | | |
|--|---------------------------|--|
| diphenhydrAMINE | 50 mg | IV in normal saline 50 mL over 15 minutes 30 minutes prior to pegaspargase <i>*Nursing Alert: pegaspargase starts 30 minutes after completion of diphenhydrAMINE</i> |
| pegaspargase | 2500 units/m ² | IV in normal saline 100 mL over 1 hour |
| <p>Maximum pegaspargase dose is 3750 units</p> <p>All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information</p> | | |

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

REQUIRED MONITORING

All Cycles

Day 1

- CBC, fibrinogen, serum creatinine, urea, liver enzymes, uric acid and electrolytes as per Physician Orders
- Glucose and lipase as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) prior to every pegaspargase dose and as clinically indicated
- Observe patient for 1 hour after pegaspargase administration
- Full vital signs prior to discharge

Recommended Support Medications

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| Grastofil® (See Filgrastim Clinical Guide) | 5 mcg/kg (rounded to nearest 300 mcg or 480 mcg) | Subcutaneously once daily for 7 days beginning on Day 3 |
| dexamethasone | 8 mg | Orally once daily on Days 2 and 3 |
| metoclopramide | 10 – 20 mg | Orally every 4 hours as needed for nausea and vomiting |

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to continue taking anti-emetic(s) at home
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Physician or designate must be on site in case of reactions to pegaspargase
 - Do not administer on weekends or holidays
- pegaspargase can cause anaphylaxis. diphenhydrAMINE, hydrocortisone and EPINEPHrine must be available in case of reaction
- pegaspargase can cause serious side effects such as hemorrhage, pancreatitis and thrombotic events
- Administration site restrictions are in place for this regimen. pegaspargase must be administered at CCMB MacCharles or Tache in Winnipeg