

Regimen Reference Order – LYMP – VIPD

ARIA: LYMP - [VIPD (Phase 1)]

LYMP - [VIPD (Phase 2)]

Planned Course: CISplatin every 7 days for 4 doses (with concurrent radiation) followed by etoposide + ifosfamide + CISplatin + dexamethasone every 21 days for 3 cycles

Indication for Use: Extranodal NK/T-Cell Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1 (Days 1, 8, 15 and 22) (CISplatin)

- ANC equal to or greater than $0.8 \times 10^9/L$ AND Platelets equal to or greater than $80 \times 10^9/L$
- Creatinine clearance greater than 45 mL/minute

Cycles 2 to 4 (etoposide + ifosfamide + CISplatin + dexamethasone)

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$
- Creatinine clearance greater than 45 mL/minute
- ❖ 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 – VIPD

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1 – CISplatin		
Days 1, 8, 15 and 22		
magnesium sulfate	1 g	IV in normal saline 500 mL over 1 hour (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
CISplatin	30 mg/m ²	IV in normal saline 250 mL over 1 hour

Cycle 2 (VIPD) starts 3 to 5 weeks after completion of radiation		
Cycles 2 to 4 – etoposide + ifosfamide + CISplatin + dexamethasone (VIPD)		
Days 1 to 3		
aprepitant	Day 1: 125 mg	Orally 1 hour pre-chemotherapy
	Days 2 and 3: 80 mg	
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	40 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>
mesna	240 mg/m ²	IV in normal saline 50 mL over 15 minutes Immediately prior to ifosfamide
ifosfamide	1200 mg/m ²	IV in normal saline 250 mL over 1 hour *Alert: start of ifosfamide infusion will be considered “Hour 0”
CISplatin	33 mg/m ²	IV in normal saline 250 mL over 1 hour starting at “Hour 1”
normal saline	500 mL	IV over 2 hours (Post hydration) starting at “Hour 2”
mesna	240 mg/m ²	IV in normal saline 50 mL over 15 minutes at “Hour 4”
mesna	480 mg/m ²	Orally with juice or soft drink at “Hour 6” (Self-administered at home) *Nursing Alert: Inform patient time to take dose
Day 4		
dexamethasone	40 mg	Orally in the morning with food (Self-administered at home)

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

REQUIRED MONITORING

Cycle 1 (CISplatin)

Day 1, 8, 15 and 22

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

Cycles 2 to 4 (etoposide + ifosfamide + CISplatin + dexamethasone (VIPD))

Day 1

- 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
Cycle 1 – CISplatin		
aprepitant	80 mg	Orally once daily on Days 2, 3, 9, 10, 16, 17, 23 and 24
dexamethasone	8 mg	Orally once daily on Days 2, 3, 4, 9, 10, 11, 16, 17, 18, 23, 24 and 25
OLANzapine	2.5 mg	Orally the evening of Days 1, 8, 15 and 22 and then twice daily on Days 2, 3, 4, 9, 10, 11, 16, 17, 18, 23, 24 and 25. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4, 8 to 11, 15 to 18 and 22 to 25) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled
Cycles 2 to 4 – etoposide + ifosfamide + CISplatin + dexamethasone (VIPD)		
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 5 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
aprepitant	80 mg	Orally once daily on Days 4 and 5
dexamethasone	8 mg	Orally once on Day 5
OLANzapine	2.5 mg	Orally the evening of Days 1, 2 and 3 and then twice daily on Days 4 and 5. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

Cycle 1 (CISplatin)

- Instruct patient to continue taking anti-emetic(s) at home
- dexamethasone is a cancer therapy in this treatment regimen. Remind patient to take dexamethasone at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

Cycles 2 to 4 (etoposide + ifosfamide + CISplatin + dexamethasone (VIPD))

- Instruct patient to:
 - Self-administer “Hour 6” of mesna by mixing the contents of the mesna syringe in juice (not grapefruit) or soft drink. If patient vomits within 2 hours of taking “Hour 6” mesna, they should be advised to contact their cancer team. Patient may require intravenous hydration
 - Report changes in mental status; ifosfamide can cause encephalopathy (rare)
 - 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 ifosfamide
 - 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
- dexamethasone is a cancer therapy in this treatment regimen. Remind patient to take dexamethasone at home
- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- **Note:** Upon completion of 1 cycle of LYMP - [VIPD (Phase 1)], patients should be started on LYMP - [VIPD (Phase 2)] to complete 4 cycles
 - LYMP - [VIPD (Phase 2)] should begin 3 to 5 weeks after completion of radiation
- Given that CISplatin is given concurrently with radiation, site restrictions are in place for Cycle 1