

Regimen Reference Order – LYMP – brentuximab vedotin + CHP

ARIA: LYMP - [brentuximab + CHP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: T Cell 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 $50 \times 10^9/L$

❖ **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 – brentuximab vedotin + CHP

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
DOXOrubicin	50 mg/m^2	IV Push over 10 to 15 minutes
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
cetirizine	10 mg	Orally 30 minutes prior to brentuximab vedotin
acetaminophen	650 mg	Orally 30 minutes prior to brentuximab vedotin
brentuximab vedotin	1.8 mg/kg; maximum dose 180 mg	IV in normal saline 100 mL over 30 minutes

Days 2, 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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

REQUIRED MONITORING

Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders
- Assess patient for neuropathy prior to every cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) prior to each dose of brentuximab vedotin and as clinically indicated
- No observation period is required after brentuximab vedotin administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
filgrastim (brand name specific) (See <i>Filgrastim Clinical Guide</i>)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneous once daily for 5 days to start on Day 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
- Ensure patient receives filgrastim supply if patient is self-administering at home
- 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
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE at home
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade), and starfruit
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- brentuximab vedotin must be the last medication administered on Day 1
- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m²
- brentuximab vedotin can cause peripheral neuropathy