

Regimen Reference Order – LYMP – ABVD

ARIA: LYMP - [ABVD]

Planned Course: Every 28 days (Days 1 and 15) for 6 cycles

Indication for Use: Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

Day 1

- Patient is feeling well (no signs or symptoms of infection)
- Contact Hematologist if ANC less than $0.8 \times 10^9/L$ OR Platelets less than $100 \times 10^9/L$
 - ❖ DO NOT DELAY OR CANCEL THERAPY WITHOUT CONSULTING HEMATOLOGIST

Day 15

- Patient is feeling well (no signs or symptoms of infection)
- No CBC is required for Day 15 treatment
 - ❖ DO NOT DELAY OR CANCEL THERAPY WITHOUT CONSULTING HEMATOLOGIST

Note: Asymptomatic patients are not usually delayed for neutropenia regardless if ANC parameters are met. If the hematologist delays treatment, direction to be provided by the hematologist on management of neutropenia and length of delay

Note: Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients

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 (Self-administered at home) Only patients at risk of tumor lysis syndrome will be prescribed allopurinol <u>Note:</u> allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See <i>Additional Information</i>

Treatment Regimen – LYMP – ABVD

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Days 1 and 15		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy

DOXOrubicin	25 mg/m ²	IV Push over 10 to 15 minutes
vinBLAstine	6 mg/m ²	IV in normal saline 25 mL over 5 to 10 minutes by gravity infusion
hydrocortisone	100 mg	ONLY to be given if patient experienced fever and/or chills with any previous administration of bleomycin IV push over 1 minute if indicated prior to all subsequent bleomycin doses
bleomycin	10 units/m ²	IV in normal saline 50 mL over 10 minutes
dacarbazine	375 mg/m ²	IV in D5W 500 mL over 2 hours

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

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

Cardiac Monitoring

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

Pulmonary Function Tests (PFTs)

- Pulmonary function monitoring as clinically indicated as per Physician Orders

All Cycles

Day 1

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

Day 15

- No blood work required

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2, 3, 16 and 17
dexamethasone	8 mg	Orally once daily on Days 2, 3, 16 and 17
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

- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m²
- bleomycin is associated with pulmonary toxicity
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- Unless patient was taking allopurinol for gout or other reasons unrelated to the patient's underlying lymphoma, allopurinol should not be prescribed with cycle 2 and onwards unless directed by hematologist