Regimen Reference Order

LYMP – D-CBD (amyloidosis) (SUBCUTANEOUS daratumumab injection)

ARIA: LYMP - [D-CBD (SUBCUT) amyloidosis]

Planned Course: **Every 28 days until disease progression or unacceptable toxicity, up to a maximum of 2 years (24 cycles)**

Indication for Use: **Light Chain (AL) Amyloidosis**

CVAD: Not Required

Proceed with treatment if:

Day 1 ONLY

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
  - **Contact Hematologist if parameters not met**

***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
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment **(Self-administered at home)**		

Treatment Regimen
LYMP – D-CBD (amyloidosis) (SUBCUTANEOUS daratumumab injection)

Drug	Dose	CCMB Administration Guideline
Cycle 1		
dexamethasone	20 mg	Orally once daily in the morning with food on **Days 1, 8, 15 and 22** **(Self-administered at home)**
cetirizine	10 mg	Orally **1 hour** prior to daratumumab on **Days 1, 8, 15 and 22**
acetaminophen	975 mg	Orally **1 hour** prior to daratumumab on **Days 1, 8, 15 and 22**
montelukast	10 mg	Orally **1 hour** prior to daratumumab on **Day 1 ONLY**
bortezomib	1.3 mg/m^2	Subcutaneous injection once weekly on **Days 1, 8, 15 and 22**
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	**Subcutaneous:** Administer over 3 to 5 minutes into abdomen on **Days 1, 8, 15 and 22** Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*

cyclophosphamide	300 mg/m^2; maximum dose 500 mg	Orally once daily in the morning on **Days 1, 8, 15 and 22** Take with or without food. Swallow whole **(Self-administered at home)**
Cycle 2		
dexamethasone	20 mg	Orally once daily in the morning with food on **Days 1, 8, 15 and 22** **(Self-administered at home)**
bortezomib	1.3 mg/m^2	Subcutaneous injection once weekly on **Days 1, 8, 15 and 22**
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	**Subcutaneous:** Administer over 3 to 5 minutes into abdomen on **Days 1, 8, 15 and 22** Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
cyclophosphamide	300 mg/m^2; maximum dose 500 mg	Orally once daily in the morning on **Days 1, 8, 15 and 22** Take with or without food. Swallow whole **(Self-administered at home)**
Cycles 3 to 6		
dexamethasone	20 mg	Orally once daily in the morning with food on **Days 1, 8, 15 and 22** **(Self-administered at home)**
bortezomib	1.3 mg/m^2	Subcutaneous injection once weekly on **Days 1, 8, 15 and 22**
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	**Subcutaneous:** Administer over 3 to 5 minutes into abdomen on **Days 1 and 15** Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
cyclophosphamide	300 mg/m^2; maximum dose 500 mg	Orally once daily in the morning on **Days 1, 8, 15 and 22** Take with or without food. Swallow whole **(Self-administered at home)**
Cycle 7 and Onwards		
dexamethasone	20 mg	Orally once in the morning with food on **Day 1** **(Self-administered at home)**
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	**Subcutaneous:** Administer over 3 to 5 minutes into abdomen on **Day 1** Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
cyclophosphamide (PROCYTOX®) available dosage strengths: 25 mg and 50 mg tablets **Classification: Cytotoxic, Hazardous**		

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)

Baseline
- RBC serology (genotyping) mandatory prior to starting daratumumab

All Cycles
Day 1
- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Orders
- Serum Protein Electrophoresis (SPEP)/Free Light Chain Ratio (FLCH) (response assessment)

Days 8, 15 and 22
- No blood work required

daratumumab monitoring
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after subcutaneous daratumumab 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
valACYclovir	500 mg	Orally once daily
fluticasone and salmeterol combination	100 mcg – 50 mcg per dose	Prescribed at physician's discretion If patient has a history of asthma or COPD, 1 inhalation twice daily only as needed post daratumumab injection
Cycles 1 to 6 only		
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

All Cycles

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to take recommended support medications at home

Cycles 1 to 6

- Instruct patient to take dexamethasone and cyclophosphamide at home in the morning, as they are both part of the cancer therapy in this treatment regimen
- Instruct patient to:
  - 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
- bortezomib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Advise patient to avoid green tea to prevent interactions with bortezomib
- 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

- daratumumab interferes with cross-matching and red blood cell antibody screening. **Indicate on all Canadian Blood Services requisitions that the patient is on daratumumab**
- daratumumab may interfere with the interpretation of the Serum Protein Electrophoresis (SPEP) results. **Indicate on all immunology (SPEP) requisitions that the patient is on daratumumab**
- Administering nurse must document any infusion-related reactions with any dose of daratumumab
- 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
- valACYclovir (shingles prophylaxis) continues while on treatment and for 1 month after discontinuation of treatment due to risk of prolonged immunosuppression
- All patients should be considered for bisphosphonate therapy
- **Note: At Cycles 2 and 7**, an entry called **"Physician Reminder – dexamethasone dose evaluation**" will appear in the electronic drug order. **No action is required. This prompt is to remind the prescriber to evaluate the dexamethasone dose that begins at Cycles 2 and 7**