Regimen Reference Order – LYMP – GD-CARBO

ARIA: LYMP – [GD-CARBO]

Planned Course: Every 21 days to a maximum of 6 cycles
Indication for Use: Relapsed/Refractory Non-Hodgkin's or Hodgkin's Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***Creatinine clearance greater than 45 mL/minute***

Day 8

- ***Blood work not required to proceed with treatment***
  - **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
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 Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See *Additional Information*

Treatment Regimen – LYMP - GD-CARBO

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
gemcitabine	1000 mg/m^2	IV in normal saline 250 mL over 30 minutes
CARBOplatin	AUC 5 mg/mL.min; maximum dose 750 mg (see table below)	IV in D5W 250 mL over 30 minutes

Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m^2	IV in normal saline 250 mL over 30 minutes

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)

All Cycles

Day 1

- CBC and biochemistry as per Physician Orders

Day 8

- No bloodwork required

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	40 mg	Orally once daily on Days 2, 3 and 4
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

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

ADDITIONAL INFORMATION

- 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
- CARBOplatin dose considerations:
    - CCMB Lymphoproliferative DSG uses **actual body weight** to calculate GFR
    - CCMB Lymphoproliferative DSG uses a maximum CARBOplatin dose of 750 mg for this regimen
    - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Lymphoproliferative DSG

Calculation of CARBOplatin dose: (max.750 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{\text{N} \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in umol/L}} = \_\_\_ \text{ mL/min}$$

N = 1.23 in males
N = 1.04 in females

AUC (mg/mL.min)	X	GFR + 25 (mL/min)	=	Total Dose (mg)
5		____ + 25		

AUC= Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation above may not be appropriate for some patient populations (for example, acute renal failure).