Regimen Reference Order – LYMP - PRALAtrexate

ARIA: LYMP – [PRALAtrexate]

Planned Course: Once a week for 3 weeks, then 1 week off until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Relapsed/Refractory Peripheral T Cell Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***Mucosal inflammation equal to or less than Grade 1 (refer to most recent version of Common Terminology Criteria for Adverse Events (CTCAE))***
  - ❖ **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
folic acid	1 mg	Orally once daily beginning 10 days prior to the first dose of PRALAtrexate and continuing daily until 30 days after the last dose of PRALAtrexate **(Self-administered at home)**
vitamin B12	1000 mcg	Intramuscular 7 – 14 days prior to the first dose of PRALAtrexate
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 – PRALAtrexate

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	10 mg/m^2	IV Push over 3 to 5 minutes via the side port of free-flowing normal saline

Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	20 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
Day 15		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	30 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
Cycle 2 and onwards		
Days 1, 8 and 15		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	30 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
vitamin B12	1000 mcg	Intramuscular every 8 weeks throughout treatment **Nursing Alert*: vitamin B12 will be given on Day 1 of Cycle 3 and every 2 cycles thereafter (i.e. Cycle 5, 7, etc.)
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

Hepatitis B serology

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

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, LDH, uric acid and albumin as per Physician Orders
- Mucositis assessment. Refer to most recent version of *Common Terminology Criteria for Adverse Events (CTCAE)*
- Dermatologic assessment for rash

Days 8 and 15

- CBC
- Nurse assessment for mucositis. Refer to most recent version of *Common Terminology Criteria for Adverse Events (CTCAE)*
- Dermatologic assessment for rash

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
leucovorin (tablets)	15 mg	Orally twice daily on Days 3 to 6, 10 to 13 and 17 to 20
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking folic acid and leucovorin at home
- vitamin B12 is part of this treatment regimen. Patient should notify clinic if they are receiving vitamin B12 for other indications
- Instruct patient to report skin reactions (i.e. rash) to clinic
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- folic acid and vitamin B12 are prescribed to decrease PRALAtrexate toxicity
- PRALAtrexate can cause mucosal inflammation. leucovorin is prescribed to prevent mucosal inflammation caused by PRALAtrexate
- 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
- leucovorin will be dispensed by CCMB Pharmacy