

## Regimen Reference Order – LYMP – R-CHOP

ARIA: LYMP – [R-CHOP]

LYMP – [R-CHOP (Split Day SLOW on Cycle 1)]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma,

OR

Hodgkin Lymphoma, Nodular lymphocytic predominant

CVAD: At Provider's Discretion (VESICANT INVOLVED)

### ***Proceed with treatment if:***

***ANC equal to or greater than  $0.8 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$***

❖ 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)		
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 – R-CHOP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
<b>Day 1</b>		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home) <b>predniSONE is started on Day 1 regardless if R-CHOP is given over one day or split over two days</b>
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone*	20 mg	IV in normal saline 50 mL over 15 minutes

<b>Wait 30 minutes after completion of IV pre-medication(s) before starting riTUXimab</b>		
riTUXimab (IV brand name specific)	375 mg/m <sup>2</sup>	<p><b>Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab):</b> IV made up to a final concentration of 1 mg/mL in normal saline. Start at 50 mg/hr for 60 minutes and escalate infusion rate in 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p> <p><b>OR</b></p> <p><b>Slow infusion (if equal to or less than 6 months since last riTUXimab dose):</b> IV made up to a final concentration of 1 mg/mL in normal saline. Start at 100 mg/hr for 30 minutes and escalate infusion rate in 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
ondansetron*	16 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	50 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes
vinCRISTine	1.4 mg/m <sup>2</sup> ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour
<b>Days 2, 3, 4 and 5</b>		
predniSONE	100 mg	Orally once daily in the morning with food <b>(Self-administered at home)</b>
<b>*If R-CHOP is split over two days, give dexamethasone 12 mg and ondansetron prior to CHOP on Day 2</b>		
<b>Cycle 2 and Onwards</b>		
<b>Day 1</b>		
predniSONE	100 mg	Orally once in the morning with food <b>(Self-administered at home)</b>
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes
<b>Wait 30 minutes after completion of IV pre-medication(s) before starting riTUXimab</b>		
riTUXimab (Subcutaneous)	1400 mg (1400 mg = 11.7 mL)	<p><b>Subcutaneous:</b> Administer over 5 minutes into abdomen</p> <p>Syringe should be held in hand for 5 minutes to warm up and decrease viscosity</p> <p>Use 25G needle</p> <p><i>*Nursing Alert: Ensure subcutaneous riTUXimab formulation is used (riTUXimab-hyaluronidase, human)</i></p>

OR		
riTUXimab (IV brand name specific)	375 mg/m <sup>2</sup>	<p><b>Rapid infusion:</b> IV in normal saline over 90 minutes: Infuse 50 mL of a 250 mL bag (or 100 mL of a 500 mL bag) over 30 minutes, then infuse the remaining 200 mL (or 400 mL of a 500 mL bag) over 60 minutes</p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
OR		
		<p><b>Slow infusion:</b> IV made up to a final concentration of 1 mg/mL in normal saline. Start at 100 mg/hr for 30 minutes and escalate infusion rate in 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	50 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes
vinCRISTine	1.4 mg/m <sup>2</sup> ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour
Days 2, 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food <b>(Self-administered at home)</b>
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)

### 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

### INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is required. Patient can be discharged from treatment room if stable whether they had a reaction or not

## SUBCUTANEOUS ritUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline, at discharge and as clinically indicated
- **15-minute observation period required after each dose**

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
filgrastim (brand name specific)	5 mcg/kg (round to nearest 300 mcg or 480 mcg)	<b><i>ONLY</i></b> to be given if patient eligible for Growth Factor Support (refer to CCMB Drug Formulary Web App for Primary Prophylaxis eligibility criteria) 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
- For eligible patients, 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
- Reinforce applicable 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/m<sup>2</sup>
- 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 for cycle 2 and onwards unless directed by hematologist
- Administering nurse must document any infusion-related reactions with any dose of ritUXimab
- Ensure there were **no Grade 3 or 4** infusion-related reactions with any previous dose prior to administering ritUXimab via subcutaneous injection or rapid infusion
- Intravenous ritUXimab formulation is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after ritUXimab. **Ensure prescription label matches the brand name on prescribed order for intravenous ritUXimab**
- **Note: At Cycle 1**, an entry called "***Physician Reminder- Growth Factor 60 y.o.***" will appear in the electronic drug order. **This prompt is to remind the prescriber to order filgrastim for eligible patients**