Regimen Reference Order – LYMP – brentuximab vedotin + AVD

ARIA: LYMP - [brentuximab + AVD]

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

- ***Contact Hematologist if ANC less than 1 x 10^9/L OR Platelets less than 50 x 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 Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See *Additional Information*

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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
dacarbazine	375 mg/m^2	IV in D5W 500 mL over 2 hours
cetirizine	10 mg	Orally 30 minutes prior to brentuximab vedotin
acetaminophen	650 mg	Orally 30 minutes prior to brentuximab vedotin
brentuximab vedotin	1.2 mg/kg	IV in normal saline 100 mL over 30 minutes
Maximum dose of brentuximab vedotin is 120 mg 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 at physician's discretion and as clinically indicated

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid, glucose and albumin as per Physician Orders
- Assess patient for neuropathy prior to every cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) prior to each dose of brentuximab vedotin and as clinically indicated
- No observation period is required after brentuximab vedotin administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Day 15

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) prior to each dose of brentuximab vedotin and as clinically indicated
- No observation period is required after brentuximab vedotin 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
pegfilgrastim (brand name specific) *(See Filgrastim Clinical Guide)*	6 mg	Subcutaneous once on Days 2 and 16 **Alert: pegfilgrastim to be given as a single dose once after each Day of chemotherapy no sooner than 24 hours after chemotherapy*
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
- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- Instruct patient to continue taking anti-emetic(s) at home
- brentuximab vedotin has potential for significant drug-drug interactions. Patients should notify clinic prior to starting any new medication
- 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

- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m^2
- brentuximab vedotin must be the last medication administered on Days 1 and 15
- brentuximab vedotin can cause peripheral neuropathy
- 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