

## Regimen Reference Order – LYMP – brentuximab vedotin + CHP

ARIA: LYMP - [brentuximab + CHP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: T Cell Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

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

***ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $50 \times 10^9/L$***

❖ **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 <b>(Self-administered at home)</b>		
allopurinol	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 <b>(Self-administered at home)</b> 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 – brentuximab vedotin + CHP

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
<b>Day 1</b>		
predniSONE	100 mg	Orally once in the morning with food <b>(Self-administered at home)</b>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	$50 \text{ mg/m}^2$	IV Push over 10 to 15 minutes
cyclophosphamide	$750 \text{ mg/m}^2$	IV in normal saline 250 mL over 1 hour
cetirizine	10 mg	Orally 30 minutes prior to brentuximab vedotin
acetaminophen	650 mg	Orally 30 minutes prior to brentuximab vedotin
brentuximab vedotin	1.8 mg/kg	IV in normal saline 100 mL over 30 minutes

**Days 2, 3, 4 and 5**

predniSONE	100 mg	Orally once daily in the morning with food <b>(Self-administered at home)</b>
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**Maximum dose of brentuximab vedotin is 180 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 and as clinically indicated

**All Cycles**

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid 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<sub>2</sub> 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**

<b>Drug</b>	<b>Dose</b>	<b>CCMB Administration Guideline</b>
filgrastim (brand name specific) (See <i>Filgrastim Clinical Guide</i> )	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	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
- 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
- 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

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## ADDITIONAL INFORMATION

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- brentuximab vedotin must be the last medication administered on Day 1
- brentuximab vedotin can cause peripheral neuropathy
- 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 with cycle 2 and onwards unless directed by hematologist