

Regimen Reference Order – LYMP – CHOEP

ARIA: LYMP – [CHOEP]

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**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
predniSONE	100 mg	Orally once on Days 1 to 5 (Self-administered at home)
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles * Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LYMP – CHOEP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	50 mg/m^2	IV Push over 10 to 15 minutes
vinCRISTine	1.4 mg/m^2 ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m^2	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: pump programming should reflect actual volume in the bag</i>

Days 2 and 3		
metoclopramide	20 mg	Orally prior to etoposide
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour Use non-DEHP bags and non-DEHP administration sets Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability <i>*Nursing Alert: pump programming should reflect actual volume in the bag</i>

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

Prior to All Cycles

- CBC, serum creatinine, urea, electrolytes, AST, ALT, total bilirubin, uric acid, albumin as per physician order
- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Grastofil®	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneously once daily for 10 days to start on Day 4
ondansetron	8 mg	Orally every 12 hours for 2 doses starting the evening of Day 1
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- 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
 - Obtain immediate assistance as per your clinic's contact instructions if:
 - Signs of hemorrhagic cystitis
 - Unable to drink recommended amount of fluid
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Intravenous etoposide may be substituted for oral etoposide on Days 2 and 3. Oral etoposide dose is 200 mg/m²; available as a 50 mg capsule