

Regimen Reference Order – LYMP – R-CEOP

ARIA: LYMP – [R-CEOP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ 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 – R-CEOP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
acetaminophen	650 mg	Orally 30 minutes pre-chemotherapy
diphenhydrAMINE	50 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes

riTUXimab	375 mg/m ²	<p>Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab): 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p>OR</p> <p>Slow infusion (if equal to or less than 6 months since last riTUXimab dose): 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 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
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
Days 2 and 3		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 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
Cycle 2		
Day 1		
acetaminophen	650 mg	Orally 30 minutes pre-chemotherapy
diphenhydrAMINE	50 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	1400 mg (1400 mg = 11.7 mL)	<p>Subcutaneous: Administer over 5 minutes into abdomen Syringe should be held in hand for 5 minutes to warm up and decrease viscosity Use 25G needle</p> <p><i>*Nursing Alert: Ensure subcutaneous riTUXimab formulation is used (riTUXimab-hyaluronidase, human)</i></p>
OR		
	375 mg/m ²	<p>Slow infusion: 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p>OR</p>

		Rapid infusion: 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 <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 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>
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
Days 2 and 3		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 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>
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information		

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

All Cycles

- CBC, serum creatinine, urea, AST, ALT, total bilirubin, uric acid, sodium, potassium, calcium, albumin, magnesium, phosphate as per Physician Orders

INTRAVENOUS ritUXimab

- Full vital signs (temperature, heart rate, blood pressure, respiration and O₂ saturation) prior to each dose 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, blood pressure, respiration and O₂ saturation) prior to dose, at discharge, and as clinically indicated
- **15 minute observation period required after each dose**

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
ondansetron	8 mg	Orally every 12 hours for 2 doses starting the evening of chemotherapy and then every 12 hours as needed thereafter

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:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid
 - Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
 - 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
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ADDITIONAL INFORMATION

- Intravenous etoposide may be substituted for oral etoposide on Days 1 and 2. Oral etoposide dose is 100 mg/m²; available as a 50 mg capsule
- Administering nurse must document any infusion-related reactions with any dose of riTUXimab
- Ensure there were **no Grade 3 or 4** infusion-related reaction with any previous dose prior to administering riTUXimab via Subcutaneous injection or Rapid Infusion