

## Regimen Reference Order – LYMP – R-CHOP alternating with R-DHAP

ARIA: LYMP – [R-CHOP alt. R-DHAP]

**Planned Course:** Every 21 days for 6 cycles (R-CHOP given on cycles 1, 3 and 5; R-DHAP given on cycles 2, 4 and 6)

**Indication for Use:** Mantle Cell Lymphoma, 1<sup>st</sup> line (transplant eligible patients)

**CVAD:** At Provider's Discretion (VESICANT INVOLVED)

**Proceed with treatment if:**

**Cycles 1, 3 and 5 (R-CHOP):**

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

**Cycles 2, 4 and 6 (R-DHAP):**

**ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$**

❖ Contact Hematologist if parameters not met

### SEQUENCE OF MEDICATION ADMINISTRATION – R-CHOP

#### Pre-treatment Requirements – R-CHOP (cycles 1, 3 and 5)

Drug	Dose	CCMB Administration Guideline
predniSONE	100 mg	Orally once on Days 1 to 5 <b>(Self-administered at home)</b> Cycles 1, 3 and 5 – R-CHOP  <b>PrednisONE is started Day 1 regardless if R-CHOP is given over one day or split over two days</b>
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-CHOP (cycles 1, 3 and 5)

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
acetaminophen	650 mg	Orally 30 minutes prior to ritUXimab
dexamethasone*	12 to 20 mg 20 mg for Cycle 1	IV in normal saline 50 mL over 15 minutes Prior to ritUXimab
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes

riTUXimab	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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><b>OR</b></p> <p><b>Cycle 3 and 5 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>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i></p> <p><b>OR</b></p>
	1400 mg (1400 mg = 11.7 mL)	<p><b>Cycle 3 and 5 Subcutaneous:</b></p> <p>Subcutaneous administered 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</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
cyclophosphamide	750 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour
<b>*If R-CHOP is split over two days, give dexamethasone prior to CHOP</b>		
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 – R-CHOP

### Day 1

- CBC, biochemistry as per physician order
- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

### INTRAVENOUS route

- Full vital signs (temperature, heart rate, blood pressure, respiration and O<sub>2</sub> saturation) prior to each dose of riTUXimab 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 route

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

### Recommended Support Medications – R-CHOP

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
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

## DISCHARGE INSTRUCTIONS – R-CHOP

- 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
- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- 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 – R-CHOP

- 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 the previous dose prior to administering riTUXimab via Rapid Infusion or Subcutaneous injection
- riTUXimab Rapid Infusion or Subcutaneous injection not to be given on Cycle 1

### Pre-treatment Requirements – R-DHAP (cycles 2, 4 and 6)

Drug	Dose	CCMB Administration Guideline
dexamethasone	40 mg	Orally once daily on Days 2, 3 and 4 <b>(Self-administered at home)</b>
prednisolONE 1% eye drops	2 drops	Instill 2 drops into each eye beginning the morning of cytarabine and continue for 48 hours after the last dose of cytarabine

### Treatment Regimen – LYMP – R-DHAP (cycles 2, 4 and 6)

Establish primary solution 500 mL of: normal saline		
<b>Day 1</b>		
Drug	Dose	CCMB Administration Guideline
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	375 mg/m <sup>2</sup>	<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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><b>OR</b></p> <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>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i></p> <p><b>OR</b></p> <p><b>Subcutaneous:</b> Subcutaneous administered 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</i></p>
	1400 mg (1400 mg = 11.7 mL)	

Day 2		
normal saline	1000 mL	IV over 2 hours (Pre Hydration)
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
CISplatin	100 mg/m <sup>2</sup>	IV in normal saline 500 mL over 1 hour Mixed with mannitol
mannitol	12.5 mg	IV in normal saline 500 mL over 1 hour Mixed with CISplatin
normal saline	1000 mL	IV over 2 hours (Post Hydration)
Days 3 and 4		
Establish primary solution 500 mL of: normal saline		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
cytarabine	2000 mg/m <sup>2</sup>	IV in normal saline 500 mL over 3 hours
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 – R-DHAP

### Day 1

- CBC, serum creatinine, urea, electrolytes, LFTs, LDH, total bilirubin, uric acid, albumin prior to each cycle

### INTRAVENOUS route

- Full vital signs (temperature, heart rate, blood pressure, respiration and O<sub>2</sub> saturation) prior to each dose of riTUXimab 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 route

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

## Recommended Support Medications – R-DHAP

Drug	Dose	CCMB Administration Guideline
Grastofil®	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneously once daily for 7 days to start on Day 6
ondansetron	8 mg	Orally twice daily as needed starting Day 5 for nausea and vomiting
aprepitant	125 mg	Orally on Day 2 of chemotherapy cycle
	80 mg	Orally on Days 3 and 4 of chemotherapy cycle
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

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**DISCHARGE INSTRUCTIONS – R-DHAP**

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- Instruct patient to continue taking anti-emetic(s) at home
  - Remind patient to take dexamethasone at home
  - cytarabine can cause conjunctivitis. Remind patient to instill prednisolone eye drops until 48 hours after the last dose of cytarabine. If patient continues to have signs and symptoms of conjunctivitis, then please contact prescribing hematologist for further instructions
  - Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
  - Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy
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**ADDITIONAL INFORMATION – R-DHAP**

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- 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 the previous dose prior to administering riTUXimab via Rapid Infusion or Subcutaneous injection
- CISplatin is ototoxic and nephrotoxic
- cytarabine can cause mental confusion