Regimen Reference Order – LYMP – oBINutuzumab + CHOP

ARIA: LYMP – [oBINutuzumab + CHOP]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

Day 1

ANC equal to or greater than 0.8 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L

- **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
predniSONE	100 mg Cycle 1	Orally once daily at breakfast on Days 2 to 6 **(Self-administered at home)**
	100 mg Cycles 2 to 6	Orally once daily at breakfast 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 – oBINutuzumab + CHOP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes **1 hour** prior to oBINutuzumab *Nursing Alert: oBINutuzumab starts **1 hour after completion** of dexamethasone infusion*
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes at least **30 minutes** prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	100 mg	IV in normal saline 100 mL following administration rates below: • 0 to 60 minutes – 6 mL/hour • 60 to 120 minutes – 12 mL/hour • 120 minutes onward – 24 mL/hour *Alert: Pharmacy to ensure final volume in bag = 100 mL (1mg/mL final concentration)* *Nursing Alert: Line will be primed with oBINutuzumab*

Day 2		
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes **1 hour** prior to oBINutuzumab **Nursing Alert: oBINutuzumab starts **1 hour after completion** of dexamethasone infusion*
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes at least **30 minutes** prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	900 mg	IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 14 mL/hour • 30 to 60 minutes – 28 mL/hour • 60 to 90 minutes – 42 mL/hour • 90 to 120 minutes – 56 mL/hour • 120 to 150 minutes – 69 mL/hour • 150 to 180 minutes – 83 mL/hour • 180 to 210 minutes – 97 mL/hour • 210 to 240 minutes – 111 mL/hour **Alert: Pharmacy to ensure final volume in bag = 250 mL (3.6 mg/mL final concentration)* **Nursing Alert: Line will be primed with oBINutuzumab*
ondansetron	16 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
Days 8 and 15		
dexamethasone	20 mg	**ONLY** *to be given if patient had a grade 3 or 4 infusion-related reaction with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle was greater than* 25 x 10^9/L IV in normal saline 50 mL over 15 minutes **1 hour** prior to oBINutuzumab **Nursing Alert: oBINutuzumab starts **1 hour after completion** of dexamethasone infusion*
diphenhydrAMINE	50 mg	**ONLY** *to be given if patient experienced any infusion-related reaction with previous oBINutuzumab infusion* IV in normal saline 50 mL over 15 minutes **30 minutes** prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour **Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)* **Nursing Alert: Line will be primed with oBINutuzumab*

Cycles 2 to 6		
Day 1		
dexamethasone	12 mg or 20 mg	**12mg** IV in normal saline 50mL over 15 minutes. Can be given 30 minutes pre-treatment **OR** **20mg** IV in normal saline 50 mL over 15 minutes **1 hour** prior to oBINutuzumab if patient had a grade 3 or 4 infusion-related reaction with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle is greater than 25 x 10^9/L (starts **1 hour after completion** of dexamethasone infusion)
diphenhydrAMINE	50 mg	**ONLY** *to be given if patient experienced any infusion-related reaction with previous oBINutuzumab infusion* IV in normal saline 50 mL over 15 minutes **30 minutes** prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour **Alert:* *Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)* **Nursing Alert:* *Line will be primed with oBINutuzumab*
ondansetron	16 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

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, biochemistry as per physician order

Cycle 1, Day 1

- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation)
  - at baseline, then
  - blood pressure and pulse every 15 minutes for 1 hour, then
  - blood pressure and pulse every 30 minutes for 1 hour, then
  - blood pressure and pulse every hour until infusion complete
- No observation period is required
- Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycle 1, Day 2 and subsequent infusions

- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation) prior to each dose of oBINutuzumab 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

Recommended Support Medications

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

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) 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
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Signs of hemorrhagic cystitis
    - Unable to drink recommended amount of fluid
- predniSONE is an anti-lymphoma agent 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

ADDITIONAL INFORMATION

- Administering nurse must document any infusion related-reactions with any dose of oBINutuzumab
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked at earliest morning appointment
- Administration site restrictions are in place for oBINutuzumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles or Tache in Winnipeg