



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: LYCHOP-R (Page 1 of 2)

**Class II Drug:**

Indication for use of Rituximab:

- Diffuse Large B-cell Lymphoma, all stages
- Mantle cell lymphoma, advanced stage at diagnosis

For other indications, a BCCA "Compassionate Access Program" request form must be submitted and approved prior to treatment.

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle #:</b>	
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC</b> greater than or equal to <b>0.8 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg PO</b> prior to treatment. <b>Dexamethasone 8 mg or 12 mg</b> (circle one) PO prior to treatment. <input type="checkbox"/> <b>Hydrocortisone 100 mg IV</b> prior to Etoposide <input type="checkbox"/> <b>Diphenhydramine 50 mg IV</b> prior to Etoposide <input type="checkbox"/> <b>Other:</b> _____					
CHEMOTHERAPY: <b>Doxorubicin 50 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push on day 1. <b>Vincristine 1.4 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 15 minutes on day 1. <b>Cyclophosphamide 750 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on day 1. <b>Prednisone 45 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily in AM with food on day 1 to 5. (Round dose to nearest 25 mg) <b>If cardiac dysfunction:</b> Omit <b>Doxorubicin</b> . Give <b>Etoposide 50 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (non-PVC bag) NS over 30 minutes to 1 hour on day 1 (Use non-PVC tubing), AND <b>Etoposide 100 mg/m<sup>2</sup></b> x BSA x (_____ %) = _____ mg PO on day 2 & 3. (Round dose to nearest 50 mg). <b>If Bilirubin greater than 85 micromol/L:</b> Omit <b>Doxorubicin</b> . Change <b>Cyclophosphamide</b> to <b>1100 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on day 1.					
EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSID TOXICITY: <b>Hydrocortisone 100 mg IV prn / Diphenhydramine 50 mg IV prn</b>					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	

PROTOCOL CODE: LYCHOP-R

(Page 2 of 2)

Date:	
RITUXIMAB WITHIN 72 HOURS OF CHOP	
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.	
<b>Diphenhydramine 50 mg PO</b> prior to <b>Rituximab</b> and then q 4 h if the infusion exceeds 4 h <b>Acetaminophen 650-1000 mg PO</b> prior to <b>Rituximab</b> and then q 4 h if the infusion exceeds 4 h <b>Prednisone</b> as ordered for the LYCHOP-R protocol	
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>	
TREATMENT: (Continued)	
<b>TREATMENT #1:</b>	
NOTE: If the peripheral blood lymphocyte count is above $30 \times 10^9/L$ , the Rituximab should not be given.	
<b>Rituximab (first dose) <math>375 \text{ mg/m}^2</math></b> x BSA = _____ mg IV in 250 to 500 mL NS within 72 hours after day 1 of CHOP. Start at 50 mg/hour. After 1 hour, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs.	
For first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.	
<b>FOR ALL SUBSEQUENT TREATMENTS:</b>	
<b>Rituximab (subsequent dose) <math>375 \text{ mg/m}^2</math></b> x BSA = _____ mg IV in 250 to 500 mL NS within 72 hours after day 1 of CHOP. Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour.	
If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.	
For all subsequent doses, constant visual observation is not required.	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, platelets</b> prior to each cycle <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: