

PPPO FOR THE TREATMENT OF BURKITT LYMPHOMA AND LEUKEMIA

LYCODOX-M (Magrath A) + R (Rituximab)[To be used before LYIVAC (Magrath B) + R]

PATIENT'S NAME:

LAST NAME	FIRST NAME	INITIAL
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DIAGNOSIS: _____

DAY	DATE	CHEMOTHERAPY
1	_____	Cytarabine 50 mg Intrathecal, if no peripheral blasts & platelets greater than $50 \times 10^9/L$ Cyclophosphamide 800 mg/m ² IV at 1000h Doxorubicin 50 mg/m ² IV at 1200h Vincristine 1.4 mg/m ² (max 2 mg) IV at 1400h
2	_____	Cyclophosphamide 800 mg/m ² IV at 1000h
8	_____	Rituximab 375 mg/m ² IV Vincristine 1.4 mg/m ² (max 2 mg) IV at 1400h
10	_____	Methotrexate 3000 mg/m ² IV, if urinary pH greater than 7.0
11	_____	Leucovorin 25 mg IV q6h x 4 doses, 24 hours post Methotrexate initiation, followed by Leucovorin 25 mg PO q6h x 3 days or until Methotrexate level less than 0.05 micromol/L

NOTE:

- All chemotherapy doses are calculated on the basis of the corrected body weight, unless actual body weight is less than or equal to ideal body weight, in which case the actual body weight is used.
- Two physicians' signatures are required for high-dose chemotherapy orders.



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DOCTORS ORDERS

PROTOCOL CODE: LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN	
ALLERGY/ALERT: Reminder to Physicians: <i>Please ensure that drug allergies and previous bleomycin use are documented on the Allergy and Alert Form.</i>	
Date/Time:	
Cycle #:	
Admit to inpatient bed <input type="checkbox"/> GENERAL CONSENT SIGNED	
LABORATORY: Before each treatment: CBC & diff, platelets, creatinine, lytes, AST, ALT, bilirubin, alkaline phosphatase, LDH Daily q am during treatment: CBC & diff, platelets, creatinine, lytes Daily q am starting day 13 (day of methotrexate = day 10): methotrexate levels (until less than 0.05 micromol/L; note date and time of withdrawal on the specimen.) Immediately pre-methotrexate and q6h: urine pH	
PREMEDICATIONS: For Day 1 & 2 CODOX-M portion: ▪ Ondansetron 8 mg PO/IV pre-chemotherapy, then every 8 hours on days 1 and 2. ▪ Dexamethasone 12 mg PO pre-chemotherapy on days 1 and 2. For Day 8 rituximab portion: ▪ See Rituximab pre-printed For Day 10 CODOX-M portion: ▪ Ondansetron 8 mg PO/IV pre-chemotherapy. ▪ Prochlorperazine 10 mg PO/IV after Methotrexate infusion completed, followed by 10 mg PO/IV q4h PRN.	
Complete G-CSF (Filgrastim) pre-printed order form.	
Complete Febrile Neutropenia pre-printed order form.	
FIRST PHYSICIAN'S SIGNATURE	Signatures UC: RN:
SECOND PHYSICIAN'S SIGNATURE	



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LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN

Date/Time:

CHEMOTHERAPY: All chemotherapy doses are calculated on the basis of the corrected body weight, unless actual body weight is less than or equal to ideal body weight, in which case the actual body weight is used

<i>Body Surface Area (BSA) Calculation:</i>	
Height: _____ cm	Actual Weight: _____ kg
<ul style="list-style-type: none"> ▪ Height and weight to be verified by 2 RNs ▪ Document height and weight on Chemotherapy Checklist 	
Ideal Body Weight: Male = 51.65 + 0.73 (height in cm - 152.4) Female = 48.67 + 0.65 (height in cm - 152.4)	Ideal Body Weight = _____ kg
Corrected Body Weight: $\frac{\text{actual body weight} + \text{ideal body weight}}{2}$	Corrected Body Weight = _____ kg
$BSA(m^2) = \sqrt{\frac{\text{Height}(cm) \times \text{Weight}(kg)}{3600}}$ Round all BSA calculations to 2 decimal places	BSA = _____ m ²
	Corrected BSA = _____ m ²

If no peripheral blasts present and platelets greater than 50 x 10⁹/L, on _____ (day 1) at _____ hr, have **cytarabine** 50 mg at bedside for intrathecal instillation. Complete attached **LYCODOX-M-IT** pre-printed order form.

On _____ (day 1) at 0600hr, start IV hyperhydration with 2/3D5W 1/3NS + _____ mEq **potassium chloride**/L + _____ g **magnesium sulfate**/L at _____ mL/hr (3000mL/m²/day), and continue until 48 hours after last dose of cyclophosphamide, then decrease rate to 125 mL/hr.

Measure Q4H in/out, while patient on hyperhydration. If output is less than 400 mL during a 4 hour period, give **furosemide** 20 mg IV.

On _____ (day 1) at 1000hr, give **cyclophosphamide** _____ mg (800 mg/m²) in 500 mL NS IV over 45 minutes and repeat daily for a total of 2 days, day 1 and 2 (_____ , _____).

Furosemide 20 mg IV after the completion of each dose of cyclophosphamide. Urine hemastix once daily.

On _____ (day 1) at 1200hr, give **doxorubicin** _____ mg (50 mg/m²) in 50 mL NS IV over 15 min.

On _____ (day 1) and _____ (day 8) at 1400hr, give **vincristine** _____ mg (1.4 mg/m², max 2 mg) in 50 mL NS IV over 5-15 min.

On _____ (day 8), consider **rituximab** 375 mg/m² – Complete attached **LYCODOX-M (+R) – Rituximab Treatment** pre-printed order form.

FIRST PHYSICIAN'S SIGNATURE

SECOND PHYSICIAN'S SIGNATURE

Signatures

UC:

RN:



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LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN	
Date/Time:	
<p>CHEMOTHERAPY (Cont'd):</p> <p>On _____ (day 10) at 0600hr, discontinue all other IV fluid hydration and start IV 2/3:1/3 + 100 mEq sodium bicarbonate/L at 125 mL/hr and continue until the leucovorin rescue is completed.</p> <p>At 0800h, start oral sodium bicarbonate 3250 mg PO q4h, and continue until methotrexate level is less than 0.05 micromol/L.</p> <p>At 1000h, check urinary pH, SCr, AST, ALT, ALP, GGT, bilirubin, and for the presence of significant fluid third spacing prior to starting methotrexate. If urinary pH is greater than 7, proceed with methotrexate as below. If urinary pH is less than 7, recheck urinary pH with each void.</p> <p>If urinary pH is greater than 7, give methotrexate _____ mg (3000mg/m²) IV in 1 L NS over 4 hours. Record the time at which the methotrexate infusion starts: _____ hr. This is <u>time zero</u>.</p> <p>Urine pH Q6H until leucovorin rescue complete - if pH less than 7, notify MD. Give leucovorin 25 mg IV Q6H x 4 doses, starting at <u>hour 24</u> (i.e., 20 hours after the methotrexate infusion ends), then continue with leucovorin 25 mg PO Q6H x 3 days. Check serum methotrexate level at <u>hour 48</u>. Physician to adjust leucovorin rescue and order further methotrexate levels as per protocol. Discontinue leucovorin, once methotrexate level is less than 0.05 micromol/L.</p>	
<p>SUPPORTIVE CARE:</p> <p>On _____ (day 12), start Amphotericin B _____ mg (10 mg/m²) IV Q24H. Complete Amphotericin B pre-printed order form.</p>	DATE:
<p>On _____ (day 12), start Valacyclovir 500 mg PO daily OR Acyclovir _____ mg (5 mg/kg) IV q12h, if patient's HSV serology is positive. Please use the oral route, if the patient can swallow.</p>	DATE:
<p>On _____ (day 13), start G-CSF as per pre-printed order form and continue until ANC greater than 1. Complete G-CSF (Filgrastim) pre-printed order form.</p>	DATE:
<p>FIRST PHYSICIAN'S SIGNATURE</p> <p>SECOND PHYSICIAN'S SIGNATURE</p>	<p>Signatures</p> <p>UC:</p> <p>RN:</p>



BC Cancer Agency

CARE & RESEARCH

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PROTOCOL CODE: LYCODOX-M (MAGRATH A) + R (Rituximab)

Class II Drug:

Indication for use of **Rituximab** (check one):

- Newly Diagnosed Burkitt Lymphoma (formerly known as Small Non-Cleaved Burkitt-type)
- Burkitt Leukemia (ALL-L3)

Page 5 of 6

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

DATE:

Date of Previous Cycle:

Delay treatment _____ week(s).

CBC & Diff and Platelets on the day of treatment.

Proceed with treatment based on blood work from _____.

PREMEDICATIONS:

Diphenhydramine 50 mg PO prior to treatment and q 4 hours during infusion.

Acetaminophen 650-1000 mg PO prior to treatment and q 4 hours during infusion.

Other:

TREATMENT (CONTINUED):

DAY 8:

ADJUNCTIVE-CHEMOTHERAPY, use Actual BSA

Rituximab (first dose) 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS over 3 to 8 hours (may divide dose equally into 2 x 250 mL NS).

TREATMENT #1:

NOTE: If the peripheral blood lymphocyte count is above 30 x 10⁹/L, the Rituximab should not be given.

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.

FOR ALL SUBSEQUENT TREATMENTS:

Rituximab (subsequent dose) 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS.

Infuse 50 mL (or 100 mL of 500 mL bag) (1/5 of total volume) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) (4/5 of total volume) over 1 hour (= 1 hour 30 minutes infusion).

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.

FIRST PHYSICIAN'S SIGNATURE

SECOND PHYSICIAN'S SIGNATURE

Signatures

UC:

RN:



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PROTOCOL CODE: LYCODOX-M-IT		
Date/Time:		
CHEMOTHERAPY: (BY PHYSICIAN ONLY)		
<input type="checkbox"/> Cytarabine 50 mg IT (intrathecal) qs to 6 mL with <i>preservative-free</i> NS on _____ (day 1) at _____ hr, if no peripheral blasts & platelets greater than $50 \times 10^9/L$.		
DO NOT GIVE MORE THAN ONE IT (intrathecal) MEDICATION.		
Bed rest for 30 minutes after procedure in prone (abdomen down) position.		
<input type="checkbox"/> See General order sheet for additional requests.		
DOCTOR'S SIGNATURE: (ONE SIGNATURE REQUIRED)		Signatures: UC: RN:
MEDICATION VERIFICATION CHECKS <i>(Full Signatures Required)</i>		
MEDICATION / ROUTE	DATE	SIGNATURES
Cytarabine 50 mg IT (intrathecal)		RN:
		MD: