## 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:**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>INITIAL</th>
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**DIAGNOSIS:**

<table>
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<tr>
<th>DAY</th>
<th>DATE</th>
<th>CHEMOTHERAPY</th>
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</table>
| 1   |      | 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 |
| 3   |      | cytarabine 50 mg Intrathecal, if no peripheral blasts & platelets greater than 50 x 10^9/L |
| 8   |      | riTUXimab 375 mg/m^2 IV (or 1400 mg SC if IV tolerated)  
     |      | 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 0.1 micromol/L |

**NOTE:**

1. All chemotherapy doses are calculated using actual body weight
2. Two physicians’ signatures are required for high-dose chemotherapy orders
PROTOCOL CODE: LYCODOXMR

(Basic information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care)

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<th>PROTOCOL CODE: LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN</th>
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ALLERGY/ALERT: Reminder to Physicians: Please ensure that drug allergies and previous bleomycin use are documented on the Allergy and Alert Form.

- Date/Time:
- Cycle #:
- Admit to inpatient bed
- GENERAL CONSENT SIGNED

LABORATORY:

- Before each treatment: CBC & diff, platelets, creatinine, sodium potassium, ALT, bilirubin, alkaline phosphatase, LDH
- Daily q am during treatment: CBC & diff, platelets, creatinine, sodium potassium
- Daily q am starting day 13 (day of methotrexate = day 10): methotrexate levels (until less than 0.1 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
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- prochlorperazine 10 mg PO pm
- metoclopramide 10 mg PO pm

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 after methotrexate infusion completed, followed by 10 mg PO q4h PRN.

Complete filgrastim (G-CSF) pre-printed order form.

Complete Febrile Neutropenia pre-printed order form.

FIRST PHYSICIAN’S SIGNATURE

SECOND PHYSICIAN’S SIGNATURE

Signatures
UC:
RN:
**LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN**

**Date/Time:**

**CHEMOTHERAPY:**

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 hyper-hydration. 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 30 to 60 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) IV push.

On ________________ (day 1) and ________________ (day 8) at 1400hr, give vinCRISistine ____________ mg (1.4 mg/m², max 2 mg) in 50 mL NS IV over 15 min.

If no peripheral blasts present and platelets greater than 50 x 10⁹/L, on ________________ (day 3) at ________________ hr, have cytarabine 50 mg at bedside for intrathecal instillation. Complete attached LYCODOX-M-IT pre-printed order form.

On ________________ (day 8), consider riTUXimab 375 mg/m² – Complete attached LYCODOX (+R) – riTUXimab Treatment pre-printed order form.

**FIRST PHYSICIAN’S SIGNATURE**

**SECOND PHYSICIAN’S SIGNATURE**

**Signatures**

**UC:**

**RN:**
**LYCODOX-M (MAGRATH A) + R CHEMOTHERAPY REGIMEN**

**CHEMOTHERAPY (Cont’d):**

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.

At 0800h, start oral sodium bicarbonate 3250 mg PO q4h, and continue until methotrexate level is less than 0.1 micromol/L.

At 1000h, check urinary pH, SCr, 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.

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 time zero.

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 hour 24 (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 hour 48. Physician to adjust leucovorin rescue and order further methotrexate levels as per protocol. Discontinue leucovorin, once methotrexate level is less than 0.1 micromol/L.

**SUPPORTIVE CARE:**

On ______________ (day 12), start fluconazole 400 mg PO DAILY.

If HSV seropositive: On ______________ (day 12), start valACYclovir 500 mg PO daily OR acyclovir ________ mg (5 mg/kg) IV q12h. Please use the oral route, if the patient can swallow.

On ______________ (day 13), start filgrastim as per pre-printed order form and continue until ANC greater than 1.

Complete G-CSF (filgrastim) pre-printed order form.

**FIRST PHYSICIAN’S SIGNATURE**

**SECOND PHYSICIAN’S SIGNATURE**

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**DATE:**

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**Signatures**

**UC:**

**RN:**
## DOCTOR’S ORDERS

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<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</th>
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### 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:

#### For intravenous ritUXimab infusion:
- diphenhydrAMINE 50 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h
- acetaminophen 650 mg to 975 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h

#### For subcutaneous ritUXimab injection:
- diphenhydrAMINE 50 mg PO prior to ritUXimab SC
- acetaminophen 650 mg to 975 mg PO prior to ritUXimab SC

#### 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:

Start at 50 mg/h. After 1 hour, increase rate by 50 mg/h every 30 minutes until rate = 400 mg/h 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:

- □ Patient tolerated a full dose of IV ritUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous ritUXimab:

  **ritUXimab (subsequent dose) 1400 mg (fixed dose in 11.7 mL) subcutaneously** into abdomen over 5 minutes. Observe for 15 minutes after administration.

  NB: During treatment with subcutaneous ritUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.
Patient did not tolerate a full dose of IV ritUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV ritUXimab for this cycle:

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) 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.
**PROTOCOL CODE: LYCODOX-M-IT**

**Date/Time:**

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**CHEMOTHERAPY: (BY PHYSICIAN ONLY)**

- **cytarabine** 50 mg IT (intrathecal) qs to 6 mL with *preservative-free* NS on 
  __________ (day 3) at ______ hr, if no peripheral blasts & platelets greater than 50 x 10^9/L.

**DO NOT GIVE MORE THAN ONE IT (intrathecal) MEDICATION.**

Bed rest for 30 minutes after procedure in prone (abdomen down) position.

- See General order sheet for additional requests.

**DOCTOR'S SIGNATURE:**

- **(ONE SIGNATURE REQUIRED)**

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<td>RN:</td>
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**MEDICATION VERIFICATION CHECKS:**

*(Full Signatures Required)*

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<th>MEDICATION / ROUTE</th>
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<tbody>
<tr>
<td>cytarabine 50 mg IT (intrathecal)</td>
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