### PROTOCOL CODE: LYIVACR

**PPO FOR THE TREATMENT OF BURKITT LYMPHOMA AND LEUKEMIA**

**LYIVAC (Magrath B) + R (riTUXimab)**

[to be used after LYCODOX-M (Magrath A) + R]

**PATIENT'S NAME:**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>INITIAL</th>
</tr>
</thead>
</table>

**DIAGNOSIS:**

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>CHEMOTHERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Start signature sheet and prednisoLONE 0.12% eye drops1 pre cytarabine 2000 mg/m² IV q12h at 1000h and 2200h ifosfamide 1500 mg/m² IV at 1200h MESNA 375 mg/m² IV qid at 1130h, 1700h, 2000h, 2300h etoposide 60 mg/m² IV at 1400h</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>cytarabine 2000 mg/m² IV q12h at 1000h and 2200h ifosfamide 1500 mg/m² IV at 1200h MESNA 375 mg/m² IV qid at 1130h, 1700h, 2000h, 2300h etoposide 60 mg/m² IV at 1400h</td>
</tr>
</tbody>
</table>
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: LYIVACR**

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>CHEMOTHERAPY</th>
</tr>
</thead>
</table>
| 3   |      | ifosfamide 1500 mg/m² IV at 1200h  
MESNA 375 mg/m² IV qid at 1130h, 1700h, 2000h, 2300h  
etoposide 60 mg/m² IV at 1400h |
| 4   |      | rITUXimab 375 mg/m² IV  
ifosfamide 1500 mg/m² IV at 1200h  
MESNA 375 mg/m² IV qid at 1130h, 1700h, 2000h, 2300h  
etoposide 60 mg/m² IV at 1400h |
| 5   |      | ifosfamide 1500 mg/m² IV at 1200h  
MESNA 375 mg/m² IV qid at 1130h, 1700h, 2000h, 2300h  
etoposide 60 mg/m² IV at 1400h |
| 6   |      | methotrexate 12 mg Intrathecal, if platelets greater than 50 x 10⁹/L |
| >18 |      | methotrexate 12 mg Intrathecal, after day 18, once platelets greater than 50 x 10⁹/L |

**NOTES:**

1. Continue prednisolONE 0.12 % eye drops until 48 hours after last dose of cytarabine
2. All chemotherapy doses are calculated using actual body weight
3. Two physicians’ signatures are required for high-dose chemotherapy orders
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 and according to acceptable standards of care.

**PROTOCOL CODE: LYIVACR**

<table>
<thead>
<tr>
<th>PROTOCOL CODE:</th>
<th>LYIVAC (MAGRATH B) + R (riTUXimab) CHEMOTHERAPY REGIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REMINDER:</strong></td>
<td>Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form.</td>
</tr>
<tr>
<td>Date/Time:</td>
<td></td>
</tr>
<tr>
<td>Cycle #:</td>
<td></td>
</tr>
<tr>
<td>Admit to inpatient bed</td>
<td></td>
</tr>
<tr>
<td>- GENERAL CONSENT SIGNED</td>
<td></td>
</tr>
<tr>
<td><strong>LABORATORY:</strong></td>
<td></td>
</tr>
<tr>
<td>Before each treatment: CBC &amp; diff, platelets, creatinine, lytes, AST, ALT, bilirubin, alkaline phosphatase, LDH</td>
<td></td>
</tr>
<tr>
<td>Daily q am during treatment: CBC &amp; diff, platelets, creatinine, lytes</td>
<td></td>
</tr>
<tr>
<td><strong>PREMEDICATIONS:</strong></td>
<td></td>
</tr>
<tr>
<td>For Day 1 to 5 IVAC portion:</td>
<td></td>
</tr>
<tr>
<td>- ondansetron 8 mg PO/IV pre-chemotherapy, then every 12 hours until day 5</td>
<td></td>
</tr>
<tr>
<td>- dexamethasone 12 mg PO pre-chemotherapy daily until day 5</td>
<td></td>
</tr>
<tr>
<td>For Day 4 riTUXimab portion:</td>
<td></td>
</tr>
<tr>
<td>- See riTUXimab pre-printed order</td>
<td></td>
</tr>
<tr>
<td>Complete G-CSF (filgrastim) pre-printed order form</td>
<td></td>
</tr>
<tr>
<td>Complete Febrile Neutropenia pre-printed order form</td>
<td></td>
</tr>
</tbody>
</table>

**FIRST PHYSICIAN'S SIGNATURE**

**SECOND PHYSICIAN'S SIGNATURE**

Signatures

UC:  
RN:

BC Cancer Agency Provincial Preprinted Order LYIVACR

Created: December 1, 2006   Revised: 1 May 2017
LYIVAC (MAGRATH B) + R (ritUXimab) CHEMOTHERAPY REGIMEN

Date/Time:

CHEMOTHERAPY:

On ____________ (day 1) at 0600h, start IV hydration with 2/3D5W/1/3NS + __________ mEq potassium chloride/L + __________ g magnesium sulfate/L at 125 mL/hr (3000 mL/day).

On ____________ (day 1) at 1000h, give **cytarabine** __________ mg (2000 mg/m²) in 100 mL NS IV over 2 hours. Repeat q12h for a total of 4 doses (________________, ________________).

**Prednisolone** 0.12% ophthalmic drops 2 drops in each eye q4h, starting immediately before first dose of cytarabine and continuing until 48 hours after the last dose of cytarabine.

Start signature screening sheet for cytarabine cerebellar toxicity.

On ____________ (day 1) at 1200h, give **ifosfamide** __________ mg (1500 mg/m²) in 500 mL NS IV over 2 hours. Repeat daily for a total of 5 days (________________, ________________, ________________, ________________, ________________).

On ____________ (day 1), 30 minutes prior to ifosfamide dose, give **MESNA** __________ mg (375 mg/m²) in 100 mL D5W IV over 15 minutes, then repeat at 3, 6 and 9 hours after ifosfamide dose (i.e., 4 doses/day for a total of MESNA 1500 mg/m²/day). Repeat daily for a total of 5 days (________________, ________________, ________________, ________________, ________________).

On ____________ (day 1) at 1400h, give **etoposide** __________ mg (60 mg/m²) in 250 to 500 mL (non-DEHP bag) NS IV over 1 hour (use non-DEHP tubing with 0.22 micron or smaller in-line filter). Repeat daily for a total of 5 days (________________, ________________, ________________, ________________, ________________).

**First Physician’s Signature**

**Second Physician’s Signature**

| Signatures |
| UC: |
| RN: |

Created: **December 1, 2006**   Revised: **1 May 2017**
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 and according to acceptable standards of care.

**PROTOCOL CODE: LYIVACR**

**LYIVAC (MAGRATH B) + R (riTUXImab) CHEMOTHERAPY REGIMEN**

<table>
<thead>
<tr>
<th>Date/Time:</th>
<th></th>
</tr>
</thead>
</table>

**CHEMOTHERAPY (Cont’d):**

On _____________ (day 4), give riTUXImab 375mg/m² – Complete attached LYIVAC + R – riTUXImab Treatment pre-printed order form.

On _____________ (day 6) at ________h, have methotrexate 12 mg at bedside for intrathecal instillation, if platelet recovery greater than 50 x 10⁹/L – Complete attached LYIVAC-IT pre-printed order form.

**Methotrexate** 12 mg also to be given via intrathecal instillation after day 18, once platelet count is greater than 50 x 10⁹/L – Complete attached LYIVAC-IT pre-printed order form.

A total of 8 doses of intrathecal chemotherapy should be given during the course of all treatments, 2 doses per cycle of chemotherapy, then the concluding doses, 1 dose per week, after all other treatments are complete.

**SUPPORTIVE CARE:**

On _______________ (day 7), start fluconazole 400 mg PO DAILY

For HSV seropositive: On _______________ (day 7), 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 7), start filgrastim as per pre-printed order, and continue until ANC greater than 1. Complete G-CSF (filgrastim) pre-printed order form.

**FIRST PHYSICIAN SIGNATURE**

**SECOND PHYSICIAN SIGNATURE**

Signatures

UC:

RN:
PROTOCOL CODE: LYIVACR

DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

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 ________________.

PREMEDICTIONS:

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

acetaminophen 650 to 1000 mg PO prior to treatment and q 4 hours during infusion

☐ Other:

**Have Hypersensitivity Tray and Protocol Available**

TREATMENT: (Continued)

On _______________ (day 4):

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/hour. After 60 minutes, 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:
**PROTOCOL CODE: LYIVACR**

**PROTOCOL CODE: LYIVAC-IT**

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**Date/Time:**

**INTRATHECAL (IT) CHEMOTHERAPY: (BY PHYSICIAN ONLY)**

- [ ] methotrexate 12 mg IT (intrathecal) qs to 6 mL with *preservative-free* NS on __________ (day 6), if platelets greater than $50 \times 10^9/L$.

- [ ] methotrexate 12 mg IT (intrathecal) qs to 6 mL with *preservative-free* NS on __________ (after day 18), if platelets greater than $50 \times 10^9/L$.

**DO NOT GIVE MORE THAN ONE IT (intrathecal) MEDICATION at any given time.**

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)

Signatures:

UC: __________________________
RN: __________________________

**MEDICATION VERIFICATION CHECKS**

Full Signatures Required

<table>
<thead>
<tr>
<th>Medication/Route</th>
<th>Day 6</th>
<th>Day __________ (after day 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>methotrexate 12mg IT</td>
<td>(RN)</td>
<td>(RN)</td>
</tr>
</tbody>
</table>

BC Cancer Agency Provincial Preprinted Order **LYIVACR**

Created: **December 1, 2006**  Revised: 1 May 2017