

Regimen Reference Order – LYMP – CHOEP

ARIA: LYMP – [CHOEP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: T Cell Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$

❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (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 (Self-administered at home) * Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LYMP – CHOEP

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Day 1		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 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 by gravity infusion
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m^2	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>

Days 2 and 3		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)
etoposide	200 mg/m ² ; maximum daily dose 400 mg (to nearest 50 mg)	Orally once daily in the morning on an empty stomach Swallow whole <i>*Alert: Doses greater than 200 mg should be split into twice daily dosing. See etoposide Dosing Table on page 3</i> (Self-administered at home)
Days 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)
etoposide (VePesid®) available dosage strength: 50 mg capsule Classification: Cytotoxic, Hazardous		

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 4 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Ensure patient receives pegfilgrastim supply if patient is self-administering 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 after each dose of cyclophosphamide
 - Obtain immediate assistance as per your clinic's contact instructions if:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid

- Nurse will provide oral etoposide to the patient on Day 1. Remind patient to take etoposide at home
- Patients should notify clinic prior to starting any new medication. etoposide has potential for drug-drug interactions
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- predniSONE is a cancer therapy 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

- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m²
- For patients who do not tolerate oral etoposide, it may be substituted with intravenous etoposide on Days 2 and 3 at the physician's discretion. Intravenous etoposide dose would be 100 mg/m² on Days 2 and 3 for this regimen
- Oral etoposide is dispensed by CCMB Pharmacy to nursing (treatment room) on Day 1. CCMB Pharmacy will ship oral etoposide to CCP Pharmacy for patients being treated at a CCP
- CCMB Pharmacist is authorized to auto-substitute oral etoposide doses greater than 200 mg to twice daily dosing according to the table below

etoposide Dosing Table

Oral etoposide dose	Automatic substitution
250 mg orally once daily	150 mg in the morning and 100 mg in the evening
300 mg orally once daily	150 mg in the morning and 150 mg in the evening
350 mg orally once daily	200 mg in the morning and 150 mg in the evening
400 mg orally once daily	200 mg in the morning and 200 mg in the evening