

Regimen Reference Order – LYMP – oBINutuzumab + CHOP

ARIA: LYMP – [oBINutuzumab + CHOP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

Day 1

- ANC equal to or greater than $0.8 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
 - ❖ 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 – oBINutuzumab + CHOP

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
Wait for 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab		

oBINutuzumab	100 mg	IV in normal saline 100 mL following administration rates below: <ul style="list-style-type: none"> • 0 to 60 minutes – 6 mL/hour • 60 to 120 minutes – 12 mL/hour • 120 minutes onwards – 24 mL/hour <p><i>* Alert: Pharmacy to ensure final volume in bag = 100 mL (1 mg/mL final concentration)</i></p> <p><i>* Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
Day 2		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>* Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
Wait for 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab		
oBINutuzumab	900 mg	IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> • 0 to 30 minutes – 14 mL/hour • 30 to 60 minutes – 28 mL/hour • 60 to 90 minutes – 42 mL/hour • 90 to 120 minutes – 56 mL/hour • 120 to 150 minutes – 69 mL/hour • 150 to 180 minutes – 83 mL/hour • 180 to 210 minutes – 97 mL/hour • 210 to 240 minutes – 111 mL/hour <p><i>* Alert: Pharmacy to ensure final volume in bag = 250 mL (3.6 mg/mL final concentration)</i></p> <p><i>* Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
ondansetron	16 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
Days 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)
Days 8 and 15		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	20 mg	ONLY to be given if patient had a grade 3 or 4 infusion-related

		<p>reaction with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle was greater than $25 \times 10^9/L$</p> <p>IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab</p> <p><i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i></p>
<p>If applicable, wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</p>		
oBINutuzumab	1000 mg	<p>Slow Infusion: IV in normal saline 250 mL following administration rates below:</p> <ul style="list-style-type: none"> • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
<p>Cycles 2 to 6</p>		
<p>Day 1</p>		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	12 mg or 20 mg	<p>12 mg IV in normal saline 50 mL over 15 minutes. Can be given 30 minutes pre-treatment</p> <p>OR</p> <p>20 mg IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab if patient had a grade 3 or 4 infusion-related reaction with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle is greater than $25 \times 10^9/L$ (<i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>)</p>
<p>If dexamethasone 12 mg is given, wait 30 minutes after completion of IV pre-medication(s) before starting oBINutuzumab</p> <p>OR</p> <p>If dexamethasone 20 mg is given, wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</p>		
oBINutuzumab	1000 mg	<p>Rapid Infusion: IV in normal saline 250 mL following administration rates below:</p> <ul style="list-style-type: none"> • 0 to 30 minutes – 25 mL/hour • 30 to 93 minutes – 225 mL/hour <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
<p>OR</p>		
<p>Slow Infusion: IV in normal saline 250 mL following</p>		

		administration rates below: <ul style="list-style-type: none"> • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
ondansetron	16 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
Days 2, 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)

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

REQUIRED MONITORING

All Cycles

Day 1

- 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

Cycle 1

Days 8 and 15

- No blood work required

For oBINutuzumab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after oBINutuzumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- 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
- 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
- Administering nurse must document any infusion-related reactions with any dose of oBINutuzumab
- Ensure there were **no Grade 3 or 4** infusion-related reactions with the three preceding infusions prior to administering oBINutuzumab via rapid infusion. Patients will be switched to rapid infusion at Cycle 2, Day 1 if lymphocyte count is less than 5 x 10⁹/L
- **Note: For Cycles 2 to 6**, an entry called "*Physician Reminder – oBINutuzumab infusion time 1 Units Insert Miscellaneous once*" will appear in the electronic drug order. No action is required. **This prompt is to remind the prescriber to confirm that patient is eligible for oBINutuzumab rapid infusion**
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment
- Administration site restrictions are in place for oBINutuzumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles or Tache in Winnipeg