

Regimen Reference Order – LYMP – CHOP

ARIA: - LYMP – [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:

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 Physician 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 – CHOP

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 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 to 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

Cardiac Monitoring

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

All Cycles

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
filgrastim (brand name specific) (See Filgrastim Clinical Guide)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	<i>ONLY</i> to be given if patient eligible for Growth Factor Support (refer to CCMB Drug Formulary Web App for Primary Prophylaxis eligibility criteria) Subcutaneous once daily for 5 days to start on Day 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- 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
- Note: At Cycle 1**, an entry called "**Physician Reminder- Growth Factor 60 y.o.**" will appear in the electronic drug order. **This prompt is to remind the prescriber to order filgrastim for eligible patients**