

(NHL)

R-Chop
R-chop**TREATMENT:**

Note that the rituximab is given once with each dose of CHOP, not weekly as is used when rituximab is used as single agent.

Drug	Dose	BCCA Administration Guideline
		IV push
Doxorubicin	50 mg/m ² on day 1	IV in 50 mL NS over 5-15 mins
Vincristine	1.4 mg/m ² * on day 1 (*no cap on dose)	IV in 100-250* mL NS over 20-60 minutes (*use 250 mL for doses greater than 1000 mg)
Cyclophosphamide	750 mg/m ² on day 1	PO in am with food (the Prednisone dose for that day should be taken on the morning of the Rituximab infusion)
Prednisone	45 mg/m ² **on days 1-5 (**round off dose to nearest 25mg)	IV in 250 mL NS over 90 minutes-8 hours* (doses between 500-1000 mg can be prepared in either 250 mL or 500 mL NS)
Rituximab**	375 mg/m ² on day 1 or 2 whenever possible but not later than 72 h after CHOP	

*Start the initial infusion at 50 mg/h and, after 60 min, increase by 50 mg/h every 30 minutes until a rate of 400 mg/h is reached. For all subsequent treatments, infuse 50 mL (or 100 mL) of the dose over 30 minutes then infuse the remaining 200 mL (or 400 mL) (4/5) over 60 minutes (total infusion time = 90 minutes). Development of an allergic reaction may require a slower infusion rate. See hypersensitivity below.

** If the peripheral blood lymphocyte count is above $30 \times 10^9/L$

- First Cycle: Rituximab should be omitted.
- Subsequent Cycles: Rituximab may be introduced with careful monitoring and individualized slow infusion (discuss with Dr. Joseph Connors or tumour group delegate at (604) 877-6000 or 1-800-663-3333).

Repeat every 21 days or when the neutrophil and platelet counts have recovered sufficiently to allow 100% dosing, if that is determined sooner than every 21 days.

Limited stage: CHOP-R x 3 cycles, followed by radiation therapy

Advanced stage: CHOP-R x 6-8 cycles (2 cycles post maximum response, minimum 6 cycles)

Discontinue if no response after 2 cycles.

CNS Prophylaxis:

Patients with paranasal sinus involvement with large cell lymphoma who have a complete response at the completion of their chemotherapy should receive intrathecal methotrexate 12 mg alternating with intrathecal cytarabine 50 mg twice weekly x 6 doses (3 doses of each over 3 weeks) starting in week 18. (See protocol LYIT for details)

DOSE MODIFICATIONS:**1. Elderly Patients (age greater than 75 years):**

Cycle 1 doses of cyclophosphamide and doxorubicin should be administered at 75% doses. Further treatment should be given at the maximum dose tolerated by the patient, trying to escalate up to full 100% doses, but using the baseline experience with the 75% doses to guide these decisions.