

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER

CHEMOTHERAPY ROTA

Document Code:	H-ROTA192a	Written by:	Nick Duncan	Authorised By:	Consultant
Issue No:	1.0	Issue date:	May 2017		Clinical Nurse Specialist
Page:	1 of 3	Valid until:	Next review		Pharmacist

Refs: HOVON 127 BL protocol, Dec 2013 / NCRI R-CODOX-M/IVAC protocol May 2011

R-IVAC (Truxima®)
(≤65 years old)

Hb	Na ⁺	Alb	Height
WCC	K ⁺	Bili	Weight
Nts	U	AlkPhos	S.A.
Plt	Cr	AST	
	GFR		
	Ca		
	Mg		

Cycle No:
Start Date:

Two cycles each of alternating R-CODOX-M and R-IVAC will be given followed by two further doses of Rituximab (on days 21 and 42 of the 2nd IVAC cycle)
Start R-IVAC on first day after R-CODOX-M that the neutrophil count is $>1 \times 10^9/l$ and platelet count is $>75 \times 10^9/l$

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
1	DEXAMETHASONE		8mg			IV STAT	30-60 minutes pre-rituximab		
	PARACETAMOL		1000mg			orally	30-60 minutes pre-rituximab		
	CHLORPHENIRAMINE		10mg			IV STAT	30-60 minutes pre-rituximab		
	RITUXIMAB (Truxima®)	375mg/m ²		N/Saline	500	see below			

Administration advice

First infusion:

Initial rate of 50mg/hr for the first 30 minutes. Can then be escalated in 50mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr.

Subsequent infusions:

If first infusion well tolerated, the following rapid schedule can be used: Give 100mls over 30 minutes. Then give remaining 400mls over 60 minutes.
In the event of a slower infusion rate being required, use the following schedule: Initial rate of 100mg/hr for the first 30 minutes. Can then be escalated in 100mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr.

- ♦ Elderly patients or those with a high tumour burden may require a slower infusion rate.
- ♦ If a patient develops severe cytokine release syndrome the infusion should be interrupted immediately. On resolution, the infusion can be resumed at not more than one-half the previous rate. Mild to moderate infusion-related reactions usually respond to a reduction in infusion rate.
- ♦ During infusion, the patient's vital signs (bp, pulse, respiration and temperature) should be monitored every 30 minutes until infusion stops.

Prescriber Sig. Date: Chemo Nurse Sig. Date: Pharmacist Sig. Date:

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER				CHEMOTHERAPY ROTA	
Document Code:	H-ROTA192a	Written by:	Nick Duncan	Authorised By:	Consultant
Issue No:	1.0	Issue date:	May 2017		Clinical Nurse Specialist
Page:	2 of 3	Valid until:	Next review		Pharmacist H. SANDHU

Patient label:

**R-IVAC (Truxima®)
(≤65 years old)**

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
2	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE					
	Mesna	900mg/m ²		N/SALINE	500	12 hours			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		
3	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE					
	Mesna	900mg/m ²		N/SALINE	500	12 hours			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		

Antiemetics
 Metoclopramide 10mg tds oral or iv
 Ondansetron 8mg bd oral or iv day days 2 to 6
 Dexamethasone 2mg tds orally (last dose by 5pm) days 2-6

Additional Therapy
 Allopurinol 300mg od (reduce dose in renal impairment)
 Filgrastim 300mcg (≤80kg) or 480mcg (>80kg) sc daily from
 day 8 until neutrophil count >1.0 x 10⁹/l
 Prednisolone 0.5% eye drops 1 drop both eyes 2-hourly days 2 to 8
 Co-trimoxazole 480mg bd po MWF. Continue until 6/12 post end of chemo.

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER

CHEMOTHERAPY ROTA

Document Code: H-ROTA192a

Written by: Nick Duncan

Authorised By: Consultant

25/5/2017

Issue No: 1.0

Issue date: May 2017

Clinical Nurse Specialist

Page: 3 of 3

Valid until: Next review

Pharmacist HSANDRU HOED

Patient label:

R-IVAC (Truxima®)

(≤65 years old)

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
4	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
5	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
6	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
6	Intrathecal methotrexate due - please prescribe using H-ROTA 59								

7	Calcium folinate	15mg	po	24 hours after intrathecal MTX	
---	------------------	------	----	--------------------------------	--

8	If CNS disease (cycle 1 only) - Intrathecal cytarabine due - please prescribe using H-ROTA 114				
10	If CNS disease (cycle 1 only) - Intrathecal cytarabine due - please prescribe using H-ROTA 114				

Prescriber Sig:

Date:

Chemo Nurse Sig:

Date:

Pharmacist Sig:

Date: