BRENTUXIMAB VEDOTIN

INDICATION: Relapsed Hodgkin's and anaplastic T-cell lymphoma

Prior to a course of treatment:

- Check FBC. Patient must have adequate marrow reserve - neutrophils >1.0, platelets >75 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly
- Check renal and liver function – *see dose modification and discuss with consultant if abnormal*
- Assess for preexisting peripheral neuropathy
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to male patients
- Consider tumour lysis prophylaxis for patients with bulky disease
- Ensure Transfusion Lab aware irradiated blood products are required
- Written consent for course

Prior to each cycle:

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC - neutrophils should be >1.0 and platelets >75 *(see dose modifications)*
- U&Es, creat, LFTs

Brentuximab vedotin	1.8mg/kg in 150ml N saline	Over 30mins	Max. dose 180mg
Cycle to be repeated every 21 days for up to 16 cycles			

Prophylaxis for acute emesis	Not required
Prophylaxis for delayed emesis	Not required
Other medications	Cotrimoxazole 480mg od throughout treatment Acyclovir 400mg bd

Dose modification for neutropenia (unless due to lymphoma) and infection	
Neutrophils < 1.0 when cycle due	Delay for up to 2 weeks until neutrophils recover to > 1.0
Neutrophils < 1.0 despite delay	Discuss with consultant
Recurrent treatment delay due to neutropenia	Consider GCSF with next cycle or reduce to 1.2mg/kg
For liver dysfunction (unless due to lymphoma)	
No clinical information available	Clinical decision
For renal dysfunction	
No clinical information available	Clinical decision
For peripheral neuropathy	
• New or worsening grade 2 or 3 neuropathy	Withold until reduced to grade 1 or baseline, then restart at 1.2mg/kg
• Grade 4 neuropathy	Discontinue

Brentuximab vedotin toxicities	
Infusion-related reactions – fever, chills, rigors	Rash, Stevens-Johnson syndrome
Anaphylaxis	Nausea and vomiting (low risk)
Neutropenia – life threatening infection	Diarrhoea
Thrombocytopenia and bleeding	Constipation
Anaemia	Peripheral sensory neuropathy (in approx. 30%, usually reversible)
Hyperglycaemia	Peripheral motor neuropathy
Fatigue	

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Date	7th July 2014