

## LSCCN HAEMATOLOGY PROTOCOLS

### DexRC

**INDICATION: Lymphoplasmocytic Lymphoma / Waldenstrom's Macroglobulinaemia** and it may be an alternative for some cases with associated monoclonal IgM: CAD, B-CLL, IgM Myeloma  
It is recommended especially for patients > 65 years not suitable for intensive high dose chemotherapy

#### 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 Reticulocytes, DCT, Igs level, Paraprotein level, BJP, HBC, HCV, Ferritin level, LDH, Urate
- Check renal and liver function – *see dose modification and discuss with consultant if abnormal*
- Check Hep B and C serology
- 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
- 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*)

**Dexamethasone 20 mg IV on day 1**  
**Rituximab 375mg/m<sup>2</sup> in 0.5L N saline IV day 1 (*see protocol for rituximab*)**  
**Cyclophosphamide 100mg/m<sup>2</sup> bd orally on days 1- 5**

**Repeat every 21 days cycle for 6 courses**

**Prophylaxis for delayed emesis** metoclopramide 5 - 7 days + 5HT antagonist

**Other medications** Allopurinol 300mg od days 1-5 for cycle 1

Anti-infective prophylaxis according to local policy

#### Dose modification for neutropenia (unless due to lymphoma) and infection

- Neutrophils < 1.0 on day 1 Delay 1 week and proceed at 100% if they recover
- Neutrophils remain < 1.0 despite delay Give GCSF for up to 1 week
- If no recovery despite GCSF further treatment may be inappropriate – *discuss with consultant*
- If treatment is delayed > 1week, or >1 delay, or an episode of neutropenic sepsis, GCSF prophylaxis with subsequent cycles
- If further treatment delay or neutropenic sepsis despite GCSF consider proceeding at 50-75% dose cyclophosphamide – *discuss with consultant*

#### Dose modification for thrombocytopenia (unless due to lymphoma)

Platelets <75 on day treatment due Delay cycle 1-2 weeks – if no recovery consider proceeding at 50-75% dose cyclophosphamide or proceed at 100% dose with platelet support if needed or when the cytopaenia is due to bone marrow infiltration or active disease - *discuss with consultant*

#### For renal dysfunction

If Creat. Clearance <10ml/min, consider using 50% cyclophosphamide – *discuss with consultant*

#### Toxicities

Neutropenic sepsis

Fever, hypotension, rigors

Mucositis

Thrombocytopenia

Nausea & vomiting (moderate)

Alopecia

Amenorrhoea & infertility (offer semen cryopreservation)

Hyperglycaemia

Haemorrhagic cystitis

Anaphylaxis (rituximab)

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**Date** July 2013

**Review date** July 2015

**Version** 3