

LSCCN HAEMATOLOGY PROTOCOLS

R-CHOP-21 (based on the R-CHOP 21 vs 14 Trial)

INDICATION: High and low grade B-cell lymphomas, and lymphoproliferative disease

Prior to a course of treatment:

- Assess cardiac function by history & exam, ECG and CXR. If there is evidence of cardiac disease or risk factors, prior anthracyclines or patient > 70yrs perform a MUGA scan. If LVEF< 50% *discuss with consultant*
- 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 hepatitis B & C serology
- Check renal and liver function – *see dose modification and discuss with consultant if abnormal*
- 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 & U&Es - neutrophils should be >1.0 and platelets >75 (*see dose modifications*)

Rituximab	375mg/m ² in 0.5L N saline	IV	day 1 (<i>see protocol for rituximab</i>)
Cyclophosphamide	750mg/m ²	IV bolus	day 1
Doxorubicin	50mg/m ²	IV bolus	day 1
Vincristine	1.4mg/m ² *	IV bolus	day 1
Prednisolone	40mg/m ²	PO	days 1-5

* max. 2mg

Cycle to be repeated every 21 days for up to 8 cycles

Prophylaxis for acute emesis 5HT antagonist

Prophylaxis for delayed emesis 5HT antagonist + metoclopramide 3-4 days

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 - <i>discuss with consultant</i> |
| • If treatment is delayed > 1week, or >1 delay, or an episode of neutropenic sepsis | GCSF prophylaxis with subsequent cycles |

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<ul style="list-style-type: none"> If further treatment delay or neutropenic sepsis despite GCSF 	Consider proceeding at 50-75% dose cyclophosphamide & doxorubicin – <i>discuss with consultant</i>
Dose modification for thrombocytopenia (unless due to lymphoma)	
<ul style="list-style-type: none"> Platelets <75 on day treatment due 	Delay cycle 1-2 weeks – if no recovery consider proceeding at 50-75% dose cyclophosphamide & doxorubicin or proceed at 100% dose with platelet support if needed - <i>discuss with consultant</i>
For cardiotoxicity	
<ul style="list-style-type: none"> If symptoms or signs of cardiac failure develop, discontinue doxorubicin and measure LVEF by MUGA scan. <i>Inform consultant.</i> Consider substituting doxorubicin with etoposide (see 'modified CHOP-like' protocol) – <i>discuss with consultant</i> 	
For liver dysfunction (unless due to lymphoma)	
<ul style="list-style-type: none"> Bilirubin <1.5x upper limit of normal Bilirubin 1.5 – 3 x upper limit of normal Bilirubin > 3 x upper limit of normal 	<p>100% dose doxorubicin</p> <p>50% dose doxorubicin</p> <p>Consider 25% dose or stopping CHOP</p>
For renal dysfunction	
<ul style="list-style-type: none"> If Creat. Clearance <10ml/min 	Consider stopping CHOP or using 50% cyclophosphamide – <i>discuss with consultant</i>
For vincristine neurological toxicity	
<ul style="list-style-type: none"> Grade 2 motor (<i>mild objective weakness interfering with function but not with activities of daily living</i>) or grade 3 sensory (<i>sensory loss or paresthesia interfering with activities of daily living</i>) toxicity Neurological toxicity increases despite reduction. 	<p>Reduce vincristine dose to 1mg</p> <p>Stop vincristine</p>

R-CHOP21 toxicities	
Neutropenic sepsis	Mucositis
Thrombocytopenia	Sensory & motor neuropathy
Nausea & vomiting (moderate)	Autonomic neuropathy (constipation, ileus)
Alopecia	Amenorrhoea & infertility (offer semen cryopreservation)
Cardiomyopathy	Jaw pain
Hyperglycaemia	Haemorrhagic cystitis
Fever, hypotension, rigors, anaphylaxis (rituximab)	

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