R-CVP (based on the PRIMA Study)

INDICATION: Follicular and other **l**ow grade B-cell lymphomas, mantle cell lymphoma, B-CLL

Prior to a course of treatment

- Check renal and liver function – *if abnormal discuss with consultant*
- Check FBC. Patient should have adequate bone marrow reserve, i.e neutrophils > 1.0, platelets >75 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly - *if not discuss with consultant*
- Check hepatitis B & 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 modification)*

Rituximab [a]	375mg/m^2	IV in 0.5L N saline	day 1 *(see protocol for Rituximab*
Cyclophosphamide	750mg/m^2	IV bolus	day 1
Vincristine	1.4mg/m^2 [b]	IV bolus	day 1
Prednisolone [c]	100mg od	PO	day 1 - 5

a. if circulating lymphoma cells > 20 x 10^9/l delay rituximab until cleared to below this level

b. max.2mg c. give prednisolone prior to rituximab on day 1

Repeat cycle every 21 days for max. 8 cycles

Prophylaxis for acute emesis	5HT antagonist
Prophylaxis for delayed emesis	5HT antagonist + metoclopramide 3-4 days
Other medications	Allopurinol 300mg od for 5 days with cycle 1
	Anti-infective prophylaxis according to local policy

Dose modification for haematological toxicity (unless due to disease)

• Neutrophils <1.0 and/or platelets<75	Delay for 1 week until parameters are met
• If counts remain low despite 1 week delay	GCSF for 3-7 days and proceed when parameters met
• If no recovery despite 2 week delay and neuts >0.5 and platelets >50	Consider 50% cyclophosphamide or further treatment may be inappropriate. *Discuss with consultant.*
• If there is > 1 treatment delay / dose reduction	Further CVP may be inappropriate, or consider GCSF prophylaxis with subsequent cycles. *Discuss with consultant.*
• If there is neutropenic sepsis	Consider 50% dose cyclophosphamide or GCSF prophylaxis with subsequent cycles

• Further treatment delay or neutropenic sepsis despite 50% cyclophosphamide or GCSF	Stop CVP – *discuss with consultant*
Dose modification for renal dysfunction	
• If Creat. Clear <10ml/min	Consider whether CVP appropriate or use 50% dose cyclophosphamide – *discuss with consultant*
Dose modification for neurological toxicity	
• Grade 2 motor (*mild objective weakness interfering with function but not with activities of daily living*) or grade 3 sensory (*sensory loss or paraesthesia interfering with activities of daily living*) toxicity	Reduce vincristine dose to 1mg
• Neurological toxicity increases despite dose reduction.	Stop vincristine

R-CVP Toxicities	
Neutropenic sepsis & thrombocytopenia	Nausea & vomiting (none-mild)
Peripheral neuropathy	Constipation & ileus
Haemorrhagic cystitis	Mucositis
Hyperglycaemia	Alopecia (usually patchy)
Amenorrhoea & infertility (offer semen cryopreservation)	Fever, chills, hypotension, rigors & anaphylaxis (rituximab) – usually first dose only

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