

RITUXIMAB and CHLORAMBUCIL

INDICATION: CLL for patients unsuitable for a purine analogue.

Prior to a course of treatment

- 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 and C serology
- Check U&Es, creat and LFTs – *see dose modification.*
- 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 Day 1

- 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 (see infusion protocol)	375mg/m ² IV (cycle 1) 500mg/m ² IV (cycles 2-6)	Day 1
Chlorambucil *	10mg/m ² od PO	Days 1-7

Repeat every 28 days for up to 12 cycles (rituximab with cycles 1-6 only)

* 2mg tablets. The daily dose may be divided into three to reduce sickness.

Prophylaxis for emesis

Not usually needed – but if nausea a problem consider metoclopramide or divide daily dose into three

Other medications

Allopurinol 300mg od days 1-7 with cycle 1

Dose modification for haematological toxicity (unless due to disease)

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| • Day 28 neuts < 1.0 or plats <75 | Delay treatment 1 week for up to 2 weeks |
| • Neuts remain <0.5 or plats <50 | Delay treatment until at least these levels reached with dose modification as necessary as below |
| • If counts do not recover to neuts >1.0, or plats > 75 despite delay | Proceed at 50% dose |

Dose modification for liver dysfunction

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| • Bilirubin > 57µmol/l | Consider initial dose reduction and adjust according to haematological toxicity |
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Dose modification for renal dysfunction

No initial reduction indicated but monitor carefully for haematological toxicity and adjust as necessary

Toxicities

Neutropenic sepsis & thrombocytopenia	Nausea & vomiting (none-mild)
Rash	Amenorrhoea & infertility (offer semen cryopreservation)
Mucositis	Potentially alopecia (mild)
Hepatotoxicity	Pulmonary fibrosis (late)
Second malignancies (late)	Fever, chills, hypotension, rigors & anaphylaxis (rituximab) – usually first dose only

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