MODIFIED 'R-CHOP-LIKE' CHEMOTHERAPY

INDICATION: Non-Hodgkin's lymphoma where anthracyclines are contraindicated due to cardiac disease

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 U&Es, creat, LFTs – *see dose modifications & discuss with consultant if abnormal*
- Check Hep B & C serology
- 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, creat, LFTs - neutrophils should be >1.0 and platelets >75 *(see dose modification)*

Rituximab	375mg/m^2 in 0.5L N saline	IV	day 1 *(see protocol for rituximab)*
Cyclophosphamide	750mg/m^2	IV bolus	day 1
Etoposide	50mg/m^2	IV in 0.5L N saline over 1hr	day 1
Vincristine	1.4mg/m^2 *	IV bolus	day 1
Prednisolone	40mg/m^2	PO	days 1-5
Etoposide	100mg/m^2	PO**	days 2 and 3

* max. 2mg ** 50mg and 100mg capsules

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

Prophylaxis for acute emesis	Ondansetron 8mg po 8-12hrly
Prophylaxis for delayed emesis	Ondansetron 8mg po 8-12hrly and metaclopramide 10-20mg 4-6hrly
Other medications	Allopurinol 300mg od days 1-5 for cycle 1
	Nystatin 1ml qds for 7 days

Dose modification for haematological toxicity or 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 & etoposide – *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 & etoposide or proceed at 100% dose with platelet support - *discuss with consultant*
Dose modification for liver dysfunction (unless due to lymphoma)	
• Bilirubin <1.5 x upper limit of normal	100% dose etoposide & vincristine
• Bilirubin 1.5 – 3.0 x upper limit of normal	50% dose etoposide & vincristine
• Bilirubin > 3 x upper limit of normal	25% dose etoposide, omit vincristine or re-consider whether modified CHOP is appropriate
Dose modification for renal dysfunction	
• Creat. Clearance <10ml/min	'Modified CHOP' may be inappropriate or consider 50% dose cyclophosphamide – *discuss with consultant*
Dose modification for vincristine neurotoxicity	
• Grade 2 motor (*mild <u>objective</u> 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 reduction.	Stop vincristine

'Modified R-CHOP like' toxicities	
Neutropenic sepsis	Mucositis
Thrombocytopenia	Sensory & motor neuropathy
Nausea & vomiting (moderate)	Autonomic neuropathy (constipation, ileus)
Alopecia	Amenorrhoea & infertility (offer semen cryopreservation)
Hyperglycaemia	Jaw pain
Haemorrhagic cystitis	Hypotension, chest pain, dyspnoea, flushing and bronchospasm (etoposide)
Fever, hypotension, rigors, anaphylaxis (rituximab)	Hyperglycaemia
Progressive multifocal leucoencephalopathy	

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