Chemotherapy Protocol

LYMPHOMA
CYCLOPHOSPHAMIDE-DOXORUBICIN-POLATUZUMAB VEDOTIN-PREDNISOLONE-RITUXIMAB

Regimen

- Lymphoma – Cyclophosphamide-doxorubicin-polatuzumab vedotin -prednisolone – rituximab

Indication

- Previously untreated diffuse large B cell lymphoma (IPI 2-5 only)

Toxicity

Drug	Adverse Effect
Polatuzumab vedotin	Pneumonia, upper respiratory tract infection, neutropenia, thrombocytopenia, anaemia, hypokalaemia, peripheral neuropathy, diarrhoea, nausea, constipation, vomiting, mucositis, abdominal pain, fatigue, infusion related reaction
Rituximab	Severe cytokine release syndrome, increased incidence of infective complications, progressive multifocal leukoencephalopathy
Cyclophosphamide	Dysuria, haemorrhagic cystitis (rare), taste disturbances
Doxorubicin	Cardiomyopathy, alopecia, urinary discolouration (red)
Prednisolone	Weight gain, gastro-intestinal disturbances, hyperglycaemia, CNS disturbances, cushingoid changes, glucose intolerance

The adverse effects listed are not exhaustive. Please refer to the relevant summary of product characteristics for further details.

Monitoring

- FBC U&E (including magnesium and calcium), glucose and LFTs prior to each cycle
- Ensure adequate cardiac function before starting therapy. Baseline LVEF should be measured in patients with a history of cardiac problems, cardiac risk factors or in the elderly.
- Check hepatitis B status prior to starting treatment with rituximab
- Ensure close monitoring of potassium levels in patients with pre-existing cardiac disorders

Dose Modifications

The dose modifications listed are for haematological, liver and renal function and drug specific toxicities only. Dose adjustments may be necessary for other toxicities as well.

Please discuss all dose reductions / delays with the relevant consultant before prescribing, if appropriate. The approach may be different depending on the clinical circumstances.

Haematological

Prior to prescribing the following criteria must be met;

Prior to prescribing on day one of each cycle the following criteria must be met;

Criteria	Eligible level
Neutrophil	≥1x10^9/L
Platelet	≥75x10^9/L

Consider blood transfusion if patient symptomatic of anaemia or haemoglobin is less than 8g/dL.

Severity of myelosuppression	Recommendation
Grade 3–4 Neutropenia	Withhold all treatment until ANC* recovers to > 1000/µL. If ANC recovers to > 1000/µL on or before Day 7, resume all treatment without any dose reductions. If ANC recovers to > 1000/µL after Day 7: • resume all treatment; consider a dose reduction of cyclophosphamide and/or doxorubicin by 25-50%. • if cyclophosphamide and/or doxorubicin are already reduced by 25%, consider reducing one or both agents to 50%.
Grade 3–4 Thrombocytopenia	Withhold all treatment until platelets recover to > 75,000/µL. If platelets recover to > 75,000/µL on or before Day 7, resume all treatment without any dose reductions. If platelets recover to > 75,000/µL after Day 7: • resume all treatment; consider a dose reduction of cyclophosphamide and/or doxorubicin by 25-50%. • if cyclophosphamide and/or doxorubicin are already reduced by 25%, consider reducing one or both agents to 50%.

Hepatic Impairment

Drug	**Bilirubin (µmol)**		**AST/ALT (units/L)**	**Dose (% of original dose)**
Cyclophosphamide	No dose adjustment necessary			
Doxorubicin	Less than 30	And	2-3xULN	75%
	30-50	And/or	More than 3xULN	50%
	51-85		n/a	25%
	More than 85		n/a	omit
Rituximab				

	No dose adjustment necessary

Drug	Hepatic impairment	Dose adjustment
Polatuzumab vedotin	Mild (AST or ALT >1-2.5xULN or total bilirubin 1-1.5xULN)	No dose adjustment necessary
	Moderate to severe	No information available

Renal Impairment

Drug	**Creatinine clearance (ml/min)**	**Dose (% of original dose)**
Cyclophosphamide*	More than 20	100%
	10-20	75%
	Less than 10	50%
Doxorubicin	Less than 10	75%
Rituximab	No dose adjustment necessary	
Polatuzumab vedotin	More than 30	100%
	Less than 30	No information available

*Consider mesna in patients with pre-existing bladder disorders. Give an oral dose of 40% of the cyclophosphamide dose (rounded upwards to the nearest 400mg) at 0, 2 and 6 hours after the administration of the cyclophosphamide.

Other

Polatuzumab Vedotin

Neuropathy

Severity	*Recommendation*
Grade 2 motor neuropathy	•Withhold Polatuzumab vedotin dosing until improvement to Grade≤1. •Restart Polatuzumab vedotin at the next cycle at 1.4mg/kg. •If already at 1.4mg/kg and Grade2 occurs at Day1 of a future cycle, withhold Polatuzumab vedotin dosing until improvement to Grade≤ 1. Restart Polatuzumab vedotin at 1.0mg/kg. •If already at 1.0mg/kg and Grade2 occurs at Day1 of a future cycle, discontinue Polatuzumab vedotin.
Grade 3 motor neuropathy	•Withhold Polatuzumab vedotin.dosing until improvement to Grade≤1. •Restart Polatuzumab vedotin.at the next cycle at 1.4mg/kg. •If already at 1.4mg/kg and Grade2–3 occurs, withhold Polatuzumab vedotin.dosing until improvement to Grade≤1.

	Restart Polatuzumab vedotin.at 1.0mg/kg. •If already at 1.0mg/kg and Grade2–3 occurs, discontinue Polatuzumab vedotin..
Grade 2 sensory neuropathy	•Reduce dose to 1.4mg/kg. •If Grade 2 persists or recurs at Day1 of a future cycle, reduce dose to 1.0mg/kg. •If already at 1.0mg/kg and Grade2 occurs at Day1 of a future cycle, discontinue Polatuzumab vedotin.
Grade 3 sensory neuropathy	•Withhold Polatuzumab vedotin dosing until improvement to Grade≤2. •Reduce Polatuzumab vedotin to 1.4mg/kg. •If already at 1.4mg/kg, reduce Polatuzumab vedotin to 1.0mg/kg. If already at 1.0mg/kg, discontinue Polatuzumab vedotin.
Grade 4 motor or sensory neuropathy	Discontinue Polatuzumab vedotin.

If concurrent sensory and motor neuropathy, follow the most severe restriction recommendation above.

Infusion related reaction

Grade of infusion related reaction	Recommendation
Grade 1–3	Interrupt Polatuzumab vedotin infusion and give supportive treatment. For the first instance of Grade 3 wheezing, bronchospasm, or generalized urticaria, permanently discontinue Polatuzumab vedotin. For recurrent Grade 2 wheezing or urticaria, or for recurrence of any Grade 3 symptoms, permanently discontinue polatuzumab vedotin. Otherwise, upon complete resolution of symptoms, infusion may be resumed at 50% of the rate achieved prior to interruption. In the absence of infusion-related symptoms, the rate of infusion may be escalated in increments of 50 mg/hour every 30 minutes. For the next cycle, infuse Polatuzumab vedotin over 90 minutes. If no infusion-related reaction occurs, subsequent infusions may be administered over 30 minutes. Administer premedication for all cycles.
Grade 4	Stop Polatuzumab vedotin infusion immediately. Give supportive treatment. Permanently discontinue Polatuzumab vedotin.

Progressive multifocal leukoencephalopathy (PML)

PML has been reported with Polatuzumab vedotin treatment. Patients should be monitored closely for new or worsening neurological, cognitive, or behavioural changes suggestive of PML. Polatuzumab vedotin and any concomitant chemotherapy should be withheld if PML is suspected and permanently discontinued if the diagnosis is confirmed.

Doxorubicin

Discontinue if cardiac failure develops.

Rituximab

Infusion related adverse reactions have been observed in 10% of patients treated with rituximab.

Rituximab administration is associated with the onset of cytokine release syndrome. This condition is characterised by severe dyspnoea, often accompanied by bronchospasm and hypoxia, in addition to fever, chills, rigors, urticaria, and angioedema. It may be associated with some features of tumour lysis syndrome such as hyperuricaemia, hyperkalaemia, hypocalcaemia, acute renal failure, elevated lactate dehydrogenase (LDH) and can lead to acute respiratory failure and death. This effect on the lungs may be accompanied by events such as pulmonary interstitial infiltration or oedema, visible on a chest x-ray.

Cytokine release syndrome frequently occurs within one or two hours of initiating the first infusion.

Hypersensitivity reactions, including anaphylaxis, have been reported following the intravenous administration of proteins. In contrast to cytokine release syndrome, true hypersensitivity reactions typically occur within minutes of starting the infusion. Medicinal products for the treatment of allergic reactions should be available for immediate use in the event of hypersensitivity developing during the administration of rituximab.

Use of rituximab maybe associated with an increased risk of progressive multifocal leukoencephalopathy (PML). Patients must be monitored at regular intervals for any new or worsening neurological, cognitive or psychiatric symptoms that may be suggestive of PML. If PML is suspected, further dosing must be suspended until PML has been excluded. If PML is confirmed the rituximab must be permanently discontinued.

The presence of a viral upper respiratory tract infection at the time of treatment may increase the risk of rituximab associated hepatotoxicity. Patients should be assessed for any cold or flu-like symptoms prior to treatment

Regimen

21 day cycle for up to 6 cycles

Cycle 1

Drug	Dose	Days	Administration
Rituximab	375mg/m^2	1	Intravenous infusion in 500ml sodium chloride 0.9% (see below for infusion instructions)
Polatuzumab vedotin	1.8mg/kg	2	Intravenous infusion in 100ml glucose 5% (see below for infusion instructions)
Cyclophosphamide	750mg/m^2	2	Intravenous bolus over 10 minutes
Doxorubicin	50mg/m^2	2	Intravenous bolus over 10 minutes

Prednisolone	100mg once a day	1, 2, 3, 4, 5	Oral

Cycle 2, 3, 4, 5, 6

Drug	Dose	Days	Administration
Rituximab	375mg/m^2	1	Intravenous infusion in 500ml sodium chloride 0.9% (see below for infusion instructions)
Polatuzumab vedotin	1.8mg/kg	1	Intravenous infusion in 100ml glucose 5% (see below for infusion instructions)
Cyclophosphamide	750mg/m^2	1	Intravenous bolus over 10 minutes
Doxorubicin	50mg/m^2	1	Intravenous bolus over 10 minutes
Prednisolone	100mg once a day	1, 2, 3, 4, 5	Oral

Dose Information

- Cyclophosphamide will be dose banded in accordance with national dose bands (20PM)
- Doxorubicin will be dose banded in accordance with national dose bands (2pm)
- Polatuzumab vedotin will be dose banded in accordance with the national dose bands (polatuzumab vedotin 20mg/ml).
- Rituximab will be dose rounded to the nearest 100mg (up if halfway).
- The maximum lifetime cumulative dose of doxorubicin is 450mg/m². However prior radiotherapy to mediastinal/pericardial area should receive a lifetime cumulative doxorubicin dose of no more than 400mg/m²

Administration Information

Extravasation

- Cyclophosphamide – neutral
- Doxorubicin – vesicant
- Polatuzumab vedotin – neutral
- Rituximab – neutral

Other

- Prednisolone should be taken in the morning with or after food.

- The first infusion of polatuzumab vedotin should be given over 90 minutes. Patients should be monitored for 90 minutes afterwards. If well tolerated subsequent infusions may be given over 30 minutes and the patient monitored for a further 30 minutes after the end of the infusion.

- Polatuzumab vedotin must be administered using a sterile, non-pyrogenic, low protein binding 0.2µ or 0.22µ filter.

- The rate of administration of rituximab varies. Please refer to the rituximab administration guidelines.

Additional Therapy

- Antiemetics

  15-30 minutes prior to chemotherapy

  - ondansetron 8mg oral or intravenous

  As take home medication

  - metoclopramide 10mg three times a day when required oral
  - ondansetron 8mg twice a day for 3 days oral

- Rituximab/Polatuzumab vedotin pre-medication

  30 minutes prior to rituximab/Polatuzumab vedotin

  - chlorphenamine 10mg intravenous
  - paracetamol 1000mg oral

  On the morning of treatment of rituximab infusion

  - prednisolone 100mg oral to be self administered by the patient on the morning of treatment and for four days after rituximab treatment (this is part of the chemotherapy schedule as well as rituximab pre-medication)

- Rituximab or polatuzumab vedotin infusion reactions

    - hydrocortisone 100mg intravenous when required for rituximab infusion related reactions
    - salbutamol 2.5mg nebule when required for rituximab related bronchospasm
    - consider pethidine 25-50mg intravenous for rituximab related rigors that fail to respond to steroids.

- Growth factors according to local formulary:

:

    - filgrastim or bioequivalent 30 million units once a day from day 6 for 7 days subcutaneous
    - lenograstim or bioequivalent 33.6 million units once a day from day 6 for 7 days subcutaneous
    - pegfilgrastim or bioequivalent 6mg once only on day 2 subcutaneous

- Allopurinol 300mg once a day oral for 7 days for the first cycle only

- Anti-infective prophylaxis:

    - aciclovir 400mg twice a day oral
    - co-trimoxazole 960mg once a day oral on Monday, Wednesday and Friday only

- Mouthwashes according to local or national policy on the treatment of mucositis

- Gastric protection with a proton pump inhibitor or a H2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

References

1. Sandoz Limited. Cyclophosphamide 1000mg powder for solution for injection or infusion summary of product characteristics. Available from: https://www.medicines.org.uk/emc/product/3525/smpc. Last updated 06/04/2021. Accessed 17/10/2022.
2. Accord Healthcare limited. Doxorubicin 2mg/ml concentrate for solution for infusion summary of product characteristics. Available from: https://www.medicines.org.uk/emc/product/6112/smpc. Last updated 02/06/2016. Accessed 17/10/2022.
3. Roche products limited (2021). MabThera 100mg Concentrate for Solution for Infusion summary for product characteristics. Available from https://www.medicines.org.uk/emc. Accessed 04/07/2022.
4. Roche products Ltd. Polivy 140mg powder for concentrate for solution for infusion summary of product characteristics. Available from: https://www.medicines.org.uk/emc/product/11028/smpc. Last updated 18/07/2022. Accessed 19/12/2022.

REGIMEN SUMMARY

Polatuzumab vedotin - Rituximab-Cyclophosphamide-Doxorubicin-Prednisolone (PV-CHP)

Cycle 1 Day 1

1. Warning – check patient has taken prednisolone dose 100mg orally for 1 day
   Administration instructions:
   Please check the patient has taken prednisolone 100mg oral on the morning of rituximab administration. On occasions where individuals attend for treatment and have forgotten to take the prednisolone dose please administer prednisolone 100mg oral 30 minutes prior to rituximab infusion.

2. Chlorphenamine 10mg injection intravenous daily for 1 day.
   Administration instruction:
   Administer 30 minutes prior to rituximab infusion.

3. Paracetamol 1000mg oral daily for 1 day
   Administration instruction:
   Administer 30 minutes prior to rituximab infusion. The maximum dose of paracetamol is 4000mg/24 hours. Please check if the patient has taken this already.

4. Rituximab 375mg/m^2 intravenous infusion intermittent for 1 day in sodium chloride 0.9% 500ml
   Administration instruction:
   Please check patient has taken prednisolone 100mg on the morning of rituximab administration, if not please administer.
   The rate of administration varies. Please refer to rituximab administration guidelines.

5. Hydrocortisone 100mg intravenous when required for the treatment of infusion related reactions
   Administration instructions
   When required for infusion related reactions

6. Salbutamol 2.5mg nebule when required for the relief of infusion related bronchospasm
   Administration instructions
   When required for infusion related reactions

Cycle 1 Day 2

7. Warning – check patient has taken prednisolone dose 100mg orally for 1 day
   Administration instructions:
   Please check the patient has taken prednisolone 100mg oral on the morning of Polatuzumab vedotin administration. On occasions where individuals attend for treatment and have forgotten to take the prednisolone dose please administer prednisolone 100mg oral 30 minutes prior to Polatuzumab vedotin infusion.

8. Chlorphenamine 10mg intravenous
   Administration instruction:
   Administer 30 minutes prior to polatuzumab vedotin infusion.

9. Paracetamol 1000mg oral
   Administration Instructions
   Administer 30 minutes prior to polatuzumab vedotin infusion.
   The maximum dose of paracetamol is 4000mg/24 hours. Please check if the patient has taken this already.

10. Ondansetron 8mg tablet daily for 1 day
    Administration instruction
    Administer 15-30 minutes prior to chemotherapy. This may be given as ondansetron 8mg IV stat if required.

11. Polatuzumab vedotin 1.8mg/kg intravenous infusion daily intermittent over 90 minutes for 1 day in 100ml glucose 5%
    Administration instructions:

The first infusion of polatuzumab vedotin should be given over 90 minutes. Patients should be monitored for 90 minutes afterwards. If well tolerated subsequent infusions may be given over 30 minutes and patients monitored for a further 30 minutes after the end of the infusion.
Administer using a 0.2 or 0.22 micron in-line filter

12. Doxorubicin 50mg/m^2 intravenous bolus over 10 minutes

13. Cyclophosphamide 750mg/m^2 intravenous bolus over 10 minutes

14. Hydrocortisone 100mg intravenous when required for the treatment of infusion related reactions
    Administration instructions
    When required for infusion related reactions

15. Salbutamol 2.5mg nebule when required for the relief of infusion related bronchospasm
    Administration instructions
    When required for infusion related reactions

Take Home Medicines (day 1)

8. Prednisolone 100mg once a day on the morning of the next treatment **
   Administration instructions:
   To be taken on the morning of the next treatment, with or after food.
   Prednisolone may be dispensed as a single supply in one container or as two containers according to local practice.

9. Prednisolone 100mg once a day for 4 days oral (starting on day 2)**
   Administration instructions:
   To be taken in the mornings, with or after food starting on day two of the cycle.
   Prednisolone may be dispensed as a single supply in one container or as two containers according to local practice.

10. Metoclopramide 10mg three times a day when required oral
    Administration instructions:
    When required for the relief of nausea. Please supply 5 days or an original pack if appropriate.

11. Ondansetron 8mg twice a day for 3 days starting on the evening of day 1 of the cycle oral
    Administration instructions:
    To start on the evening of day two of the cycle.

12. Allopurinol 300mg once a day oral for 7 days oral
    Administration instructions:
    Take with or after food with plenty of water. Please supply 7 days or an original pack if appropriate.

13. Aciclovir 400mg Twice a day for 21 days oral
    Administration instructions:
    Please supply 21 days or an original pack if appropriate

14. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday for 21 days oral
    Administration instructions:
    This may be given as 480mg twice a day on Mondays, Wednesdays and Fridays according to local practice.

15. Growth factors For example:
    Administration instructions:
    Growth factors according to local formulary. For example:
    - filgrastim or bioequivalent 30 million units once a day from day 6 for 7 days subcutaneous
    - lenograstim or bioequivalent 33.6 million units once a day from day 6 for 7 days subcutaneous
    - pegfilgrastim or bioequivalent 6mg once only on day 2 subcutaneous

Cycle 2, 3, 4, 5 day one

16. Warning – check patient has taken prednisolone dose 100mg orally for 1 day

Administration instructions:
Please check the patient has taken prednisolone 100mg oral on the morning of rituximab administration. On occasions where individuals attend for treatment and have forgotten to take the prednisolone dose please administer prednisolone 100mg oral 30 minutes prior to rituximab infusion.

17. Chlorphenamine 10mg injection intravenous daily for 1 day.
    Administration instruction:
    Administer 30 minutes prior to rituximab infusion.

18. Paracetamol 1000mg oral daily for 1 day
    Administration instruction:
    Administer 30 minutes prior to rituximab infusion. The maximum dose of paracetamol is 4000mg/24 hours. Please check if the patient has taken this already.

19. Rituximab 375mg/m^2 intravenous infusion intermittent for 1 day in sodium chloride 0.9% 500ml
    Administration instruction:
    Please check patient has taken prednisolone 100mg on the morning of rituximab administration, if not please administer.
    The rate of administration varies. Please refer to rituximab administration guidelines.

20. Ondansetron 8mg tablet daily for 1 day
    Administration instruction
    Administer 15-30 minutes prior to chemotherapy. This may be given as ondansetron 8mg IV stat if required.

21. Polatuzumab vedotin 1.8mg/kg intravenous infusion daily intermittent over 90 minutes for 1 day in 100ml glucose 5%
    Administration instructions:
    The first infusion of polatuzumab vedotin should be given over 90 minutes. Patients should be monitored for 90 minutes afterwards. If well tolerated subsequent infusions may be given over 30 minutes and patients monitored for a further 30 minutes after the end of the infusion.
    Administer using a 0.2 or 0.22 micron in-line filter

22. Doxorubicin 50mg/m^2 intravenous bolus over 10 minutes

23. Cyclophosphamide 750mg/m^2 intravenous bolus over 10 minutes

24. Hydrocortisone 100mg intravenous when required for the treatment of infusion related reactions
    Administration instructions
    When required for infusion related reactions

25. Salbutamol 2.5mg nebule when required for the relief of infusion related bronchospasm
    Administration instructions
    When required for infusion related reactions

Take Home Medicines

8. Prednisolone 100mg once a day on the morning of the next treatment **
   Administration instructions:
   To be taken on the morning of the next treatment, with or after food.
   Prednisolone may be dispensed as a single supply in one container or as two containers according to local practice.

9. Prednisolone 100mg once a day for 4 days oral (starting on day 2)**
   Administration instructions:
   To be taken in the mornings, with or after food starting on day two of the cycle.
   Prednisolone may be dispensed as a single supply in one container or as two containers according to local practice.

10. Metoclopramide 10mg three times a day when required oral
    Administration instructions:
    When required for the relief of nausea. Please supply 5 days or an original pack if appropriate.

26. Ondansetron 8mg twice a day for 3 days starting on the evening of day 1 of the cycle oral
    Administration instructions:

To start on the evening of day one of the cycle.

27. Aciclovir 400mg Twice a day for 21 days oral
    Administration instructions:
    Please supply 21 days or an original pack if appropriate

28. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral
    Administration instructions:
    This may be given as 480mg twice a day on Mondays, Wednesdays and Fridays according to local practice.

29. Growth factors For example:
    Administration instructions:
    Growth factors according to local formulary. For example:
    - filgrastim or bioequivalent 30 million units once a day from day 6 for 7 days subcutaneous
    - lenograstim or bioequivalent 33.6 million units once a day from day 6 for 7 days subcutaneous
    - pegfilgrastim or bioequivalent 6mg once only on day 2 subcutaneous

Cycle 6 day one

30. Warning – check patient has taken prednisolone dose 100mg orally for 1 day
    Administration instructions:
    Please check the patient has taken prednisolone 100mg oral on the morning of rituximab administration. On occasions where individuals attend for treatment and have forgotten to take the prednisolone dose please administer prednisolone 100mg oral 30 minutes prior to rituximab infusion.

31. Chlorphenamine 10mg injection intravenous daily for 1 day.
    Administration instruction:
    Administer 30 minutes prior to rituximab infusion.

32. Paracetamol 1000mg oral daily for 1 day
    Administration instruction:
    Administer 30 minutes prior to rituximab infusion. The maximum dose of paracetamol is 4000mg/24 hours. Please check if the patient has taken this already.

33. Rituximab 375mg/m^2 intravenous infusion intermittent for 1 day in sodium chloride 0.9% 500ml
    Administration instruction:
    Please check patient has taken prednisolone 100mg on the morning of rituximab administration, if not please administer. The rate of administration varies. Please refer to rituximab administration guidelines.

34. Ondansetron 8mg tablet daily for 1 day
    Administration instruction
    Administer 15-30 minutes prior to chemotherapy. This may be given as ondansetron 8mg IV stat if required.

35. Polatuzumab vedotin 1.8mg/kg intravenous infusion daily intermittent over 90 minutes for 1 day in 100ml glucose 5%
    Administration instructions:
    The first infusion of polatuzumab vedotin should be given over 90 minutes. Patients should be monitored for 90 minutes afterwards. If well tolerated subsequent infusions may be given over 30 minutes and patients monitored for a further 30 minutes after the end of the infusion.
    Administer using a 0.2 or 0.22 micron in-line filter

36. Doxorubicin 50mg/m^2 intravenous bolus over 10 minutes

37. Cyclophosphamide 750mg/m^2 intravenous bolus over 10 minutes

38. Hydrocortisone 100mg intravenous when required for the treatment of infusion related reactions
    Administration instructions
    When required for infusion related reactions

39. Salbutamol 2.5mg nebule when required for the relief of infusion related bronchospasm
    Administration instructions
    When required for infusion related reactions

Take Home Medicines

40. Prednisolone 100mg once a day for 4 days oral (starting on day 2)**
    Administration instructions:
    To be taken in the mornings, with or after food starting on day two of the cycle.
    Prednisolone may be dispensed as a single supply in one container or as two containers according to local practice.

41. Metoclopramide 10mg three times a day when required oral
    Administration instructions:
    When required for the relief of nausea. Please supply 5 days or an original pack if appropriate.

42. Ondansetron 8mg twice a day for 3 days starting on the evening of day 1 of the cycle oral
    Administration instructions:
    To start on the evening of day one of the cycle.

43. Aciclovir 400mg Twice a day for 21 days oral
    Administration instructions:
    Please supply 21 days or an original pack if appropriate

44. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday for 21 days oral
    Administration instructions:
    This may be given as 480mg twice a day on Mondays, Wednesdays and Fridays according to local practice.

45. Growth factors For example:
    Administration instructions:
    Growth factors according to local formulary. For example:
    - filgrastim or bioequivalent 30 million units once a day from day 6 for 7 days subcutaneous
    - lenograstim or bioequivalent 33.6 million units once a day from day 6 for 7 days subcutaneous
    - pegfilgrastim or bioequivalent 6mg once only on day 2 subcutaneous

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1	December 2022	None	Alexandra Pritchard Pharmacist	Dr Rob Lown Consultant Haematologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors that occur as a result of following these guidelines.