

Chemotherapy Protocol

LYMPHOMA

PREDNISOLONE - VINCRISTINE

(Pre phase)

Regimen

- Lymphoma – Prednisolone-Vincristine (Pre phase)

Indication

- Non-Hodgkin's Lymphoma

Toxicity

Drug	Adverse Effect
Prednisolone	Weight gain, gastro-intestinal disturbances, hyperglycaemia, CNS disturbances, cushingoid changes, glucose intolerance
Vincristine	Peripheral neuropathy, abdominal pain, constipation, jaw pain

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Drugs

- FBC, U&Es and LFTs prior to day one of treatment

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

No dose modifications necessary

[Hepatic Impairment](#)

Please note that the approach may be different where abnormal liver function tests are due to disease involvement.

Drug	Bilirubin μmol/L		AST/ALT units/L	Dose (% of original dose)
Vincristine	*30-51	or	60-180	50%
	more than 51	and	normal	50%
	more than 51	and	more than 180	omit

* The lower limit reflects local practice and may differ from published sources.

[Renal Impairment](#)

Drug	Creatinine Clearance (ml/min)	Dose (% of original dose)
Vincristine	N/A	No dose adjustment needed

[Other](#)

Reduce the vincristine dose to 1mg if a NCI-CTC grade 2 motor or grade 3 sensory neurological toxicity occurs. For higher toxicity grades or if toxicity increases despite dose reduction stop the vincristine.

[Regimen](#)

One Cycle

Drug	Dose	Days	Administration
Prednisolone	100mg	1-7	Oral
Vincristine	1.4mg/m ² (max 2mg)	1	Intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

[Dose Information](#)

- Vincristine dose will be rounded to the nearest 0.1mg (up if halfway).
- The maximum dose of vincristine is 2mg.

Administration Information

Extravasation

- Vincristine - vesicant

Other

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

Additional Therapy

- Antiemetics

As take home medication

- metoclopramide 10mg three times a day when required oral
- Allopurinol 300mg once a day oral
- 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.

Additional Information

- Ensure the patient is well hydrated before initiating treatment and encourage the patient to drink plenty of fluids during the first week of treatment.
- The National Patient Safety Agency report NPSA/2008/RRR04 must be followed in relation to intravenous administration of vinca alkaloids.

Coding (OPCS 4.6)

- Procurement – X70.1
- Delivery – X72.3

References

1. Pfreundschuh M, Trümper L, Kloess M et al. Two-weekly or 3-weekly CHOP chemotherapy with or without etoposide for the treatment of elderly patients with aggressive lymphomas: results of the NHL-B2 trial of the DSHNHL. Blood August 1, 2004 vol. 104 no. 3 634-641

REGIMEN SUMMARY

Prednisolone – Vincristine (Pre phase)

Day One

1. Vincristine 1.4mg/m^2 (max 2mg) intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

Take home medicines

2. Prednisolone 100mg once a day for 7 days oral
3. Allopurinol 300mg once a day for 7 days oral
4. Metoclopramide 10mg three times a day when required oral

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.1	Jan 2015	Header changed Toxicities removed Hepatic impairment updated Metoclopramide dose changed to 10mg Disclaimer added	Donna Kimber Pharmacy Technician	Rebecca Wills Pharmacist
1	May 2012	None	Rebecca Wills Pharmacist Dr Deborah Wright Pharmacist	Dr Andrew Davies Consultant Medical Oncologist Dr Alison Milne 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 Hospitals 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 which occur as a result of following these guidelines.