# TRIANGLE regimen

## [R-CHOP (Rituximab, Cyclophosphamide, Doxorubicin, Prednisolone,Vincristine) + ibruitinib alternating with R-DHAOx (Rituximab, Dexamethasone, Cytarabine, Oxaliplatin]

### INDICATION

Mantle Cell Lymphoma (Blueteq) [ICD-10 code:C83.1]

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### TREATMENT INTENT

- Curative

### TREATMENT CONTEXT

- First line treatment for Mantle Cell Lymphoma

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### DRUG REGIMEN

| Day | Drug | Dose | Route | Administration |
|---|---|---|---|---|
| 1 | Rituximab | 375mg/m$^2$ | IV | Intravenous infusion in 500ml sodium chloride 0.9% |
| | Cyclophosphamide | 750mg/m$^2$ | IV | Intravenous bolus over 10 minutes |
| | Doxorubicin | 50mg/m$^2$ | IV | Intravenous bolus over 10 minutes |
| | Vincristine | 1.4mg/m$^2$ (max 2mg) | IV | Intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes |
| 1-5 | Prednisolone | 100mg | PO | Oral |
| 1-19 | Ibrutinib | 560mg | PO | Oral |
| 22 | Rituximab | 375mg/m$^2$ | IV | Intravenous infusion in 500ml sodium chloride 0.9% |
| 22 | Oxaliplatin | 130mg/m$^2$ | IV | Intravenous infusion in 500ml glucose 5% over 120 minutes |
| 23 | Cytarabine | 2000mg/m$^2$ TWICE a day | IV | Administer via CADD Solis VIP pump.<br><br>Each infusion bag: contains TWO doses (500ml total volume). Connect and disconnect infusions on day(s) stated as per patient schedule. Each dose: IV infusion of 2000mg/m2 in sodium chloride 0.9% over 180 minutes. |
| 22-25 | Dexamethasone | 40mg | PO | Oral |

## Cycle frequency

- 42-day cycle

## Number of cycles

- 3 cycles followed by 24 months of Rituximab 8 weekly maintanance and Ibrutinib

### ADDITIONAL DOSE INFORMATION

- Cyclophosphamide will be dose banded according to the national dose bands (20mg/ml)
- Cytarabine will be dose banded according to the national dose bands (100mg/ml)
- Doxorubicin will be dose banded according to the national dose bands (2mg/ml)
- Oxaliplatin will be dose banded according to the national dose bands (5mg/ml)
- The maximum lifetime cumulative dose of doxorubicin is 450mg/m². However, prior radiotherapy to the mediastinal / pericardial area should receive a lifetime cumulative doxorubicin dose of no more than 400mg/m²
- Rituximab dose will be rounded to the nearest 100mg (up if half way)
- Vincristine will be dose banded according to the national dose bands (1mg/ml) when dose reductions are necessary
- The maximum dose of vincristine is 2mg
- Ibruitinib is available as 140mg, 280mg, 420mg and 560mg tablets

### ADDITIONAL ADMINISTRATION INFORMATION

- Oxaliplatin must never come into contact with sodium chloride 0.9%. Ensure the line is flushed with glucose 5% before and after each oxaliplatin infusion
- Prednisolone should be taken in the morning with or after food. Administration of prednisolone begins on the morning of chemotherapy.
- The rate of administration of rituximab varies. Please refer to the rituximab administration guidelines
- Rituximab pre-medication 30 minutes prior to rituximab
    - chlorphenamine 10mg intravenous bolus
    - paracetamol 1000mg oral
    - If oral steroids omitted, hydrocortisone 100mg should be given

    On the morning of treatment (cycles 2 and 3 day 1 only)

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

### EXTRAVASATION RISK

Cyclophosphamide: neutral
Cytarabine: neutral
Doxorubicin: vesicant
Rituximab: neutral
Vincristine: vesicant
Oxaliplatin: exfoliant

## SUPPORTIVE MEDICATIONS

| | |
|---|---|
| **Pre-medication** | Rituximab pre meds |
| **TLS prophylaxis*** | Allopurinol 300mg ONCE a day for 7 days. Cycle 1 only |
| **Anti-emetics** (include risk group) | Metoclopramide 10mg THREE times a day when required oral |
| | Ondansetron 8mg TWICE a day for 3 days |
| **Conjunctivitis prophylaxis** | Prednisolone 0.5% or dexamethasone 0.1% eye drops |
| **Gastric protection** | Omeprazole 20mg ONCE a day |
| **Anti-infective prophylaxis*** (viral/fungal/bacterial) | Aciclovir 400mg TWICE a day |
| | Co-Trimoxazole 960mg ONCE a day on Monday, Wednesday and Friday |
| | Pentamidine 300mg nebuliser |
| **G-CSF prophylaxis until neuts greater than 1 x $10^9$** | Pegfilgrastim or bio-equivalent on day 2 and 24 |
| **Bone Protection** | Adcal D3 1 tablet twice a day<br>Consider if bisphosphonate is indicated |
| **Take home (outpatient setting)** | |
| **Cycle 1-3** | Prednisolone 100mg ONCE a day for 4 days starting on day 2 |
| | Metoclopramide 10mg three times a day when required for the relief of nausea |
| | Ondansetron 8mg twice a day for 3 days starting on the evening of day one of the cycle oral |
| | Aciclovir 400mg twice a day for 42 days oral |
| | Co-trimoxazole 960mg once a day on Mondays, Wednesdays and Fridays only for 21 days oral |
| | |
| | |

(*Only include where indicated – delete/add items as required)

## CONTRAINDICATIONS

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## INVESTIGATIONS PRE-FIRST CYCLE

| Investigation | Validity period |
|---|---|
| FBC | 28 days (or at consultant discretion) |
| U&E | 28 days (or at consultant discretion) |
| LFTs | 28 days (or at consultant discretion) |
| | 28 days (or at consultant discretion) |

Other pre-treatment investigations:

- Hepatitis B and C serology
- Immunoglobulin levels
- Direct antiglobulin
- LDH

- ECHO and/or MUGA

## INVESTIGATIONS PRE-CYCLE 2 ONWARDS

| Investigation | Validity period |
|---|---|
| FBC | 96 hours* |
| U&E | 7 days* |
| LFTs | 7 days* |
| | |

* More recent blood results required for 14-day regimen, usually within 48 hours.

## STANDARD LIMITS FOR TREATMENT TO GO AHEAD

If blood results not within range, authorisation to administer must be given by prescriber/ consultant

| | |
|---|---|
| Neutrophils | 1 x $10^9$/L |
| Platelets | 100 x $10^9$/L |
| Creatinine Clearance (CrCl) | 20mL/min |
| Bilirubin | Drug dependant – see individual drugs |
| AST/ALT | Drug dependant – see individual drugs |

## DOSE MODIFICATIONS

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

In principle any dose reduction due to adverse drug reactions **should not** be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Dose modifications listed are for haematological, hepatic function, renal function and limited drug specific toxicities. Adjustments may be necessary for other toxicities as well.

| Haematological toxicities on the day of treatment | | |
|---|---|---|
| Neutrophils [x$10^9$/L] | 1 | Delay therapy until neutrophils are greater than or equal to 1x$10^9$/L Consider G-CSF as secondary prophylaxis. Reconsider treatment options if not recovered after 14 days. |
| Platelets [x$10^9$/L] | 100 | Delay therapy until platelets are greater or equal to 100x$10^9$ /L Reconsider treatment options if not recovered after 14 days |

| Renal toxicities | | | | | | |
|---|---|---|---|---|---|---|
| **CrCL (mL/min)** | **Cyclophosphamide** | **Doxorubicin** | **Rituximab** | **Vincristine** | **Cytarabine** | **Oxaliplatin** |
| more than 20 | 100% | 100% | 100% | 100% | 100% | 100% |
| 10-20 | 75% | 100% | 100% | 100% | 100% | 100% |
| less than 10 | 50% | Consider dose reduction in severe renal failure | 100% | 100% | 100% | 100% |

No dose adjustment is needed for patients with mild or moderate renal impairment (greater than 30 mL/min creatinine clearance). Hydration should be maintained and serum creatinine levels monitored periodically. Administer ibruitinib to patients with severe renal impairment (<30 mL/min creatinine clearance) only if the benefit outweighs the risk and monitor patients closely for signs of toxicity. There are no data in patients with severe renal impairment or patients on dialysis

| | | | Hepatic toxicities | |
|---|---|---|---|---|
| **Bilirubin (xULN)** | | **ALT/AST (xULN)** | **Dose (% of original)** | **Drug A (copy table for each additional drug)** |
| No dose adjustment necessary | | | | Oxaliplatin |
| No dose adjustment necessary | | | | Cyclophosphamide |
| Less than 30 | | 2-3 x ULN | 75% | Doxorubicin |
| 30-51 | And/or | More than 3 x ULN | 50% | |
| 51-85 | | N/A | 25% | |
| More than 85 | | N/A | omit | |
| No dose adjustment necessary | | | | Rituximab |
| 30-51 | Or | 60-180 | 50% | Vincristine |
| More than 51 | And | Normal | 50% | Cytarabine |
| More than 51 | And | More than 180 | Omit | |
| More than 34 | | | 50% - escalate in absence of toxicity | |

Ibrutinib is metabolised in the liver. In a hepatic impairment study, data showed an increase in ibrutinib exposure. For patients with mild liver impairment (Child-Pugh class A), the recommended dose is 280 mg daily. For patients with moderate liver impairment (Child-Pugh class B), the recommended dose is 140 mg daily. Monitor patients for signs of ibrutinib toxicity and follow dose modification guidance as needed. It is not recommended to administer ibrutinib to patients with severe hepatic impairment (Child-Pugh class C).

| Other drug specific toxicities | | |
|---|---|---|
| Oxaliplatin | Grade 2 sensory or motor neuropathy resolved (to <grade 1) before beginning of the next cycle | Reduce dose to 100mg/m$^2$ |
| | Grade 3 or above sensory or motor neuropathy or Grade 2 but not resolved (to ≤ Grade 1) before beginning of the next cycle | Omit until symptoms improve then restart at 75 mg/m2 |
| | Acute Pharyngolaryngeal Dysesthesia | Extend infusion to over 6 hours |

**Ibrutinib Toxicity**

| Event | Toxicity Occurrence | Dose modification after recovery |
|---|---|---|
| **Grade 2 cardiac failure** | **First** | **Restart at 420mg** |
| | **Second** | **Restart at 280mg** |
| | **Third** | **Discontinue Ibrutinib** |
| **Grade 3 cardiac arrythmias** | **First** | **Restart at 420mg** |
| | **Second** | **Discontinue Ibrutinib** |
| **Grade 3 or 4 cardiac failure<br>Grade 4 cardiac arrythmias** | **First** | **Discontinue Ibrutinib** |

## ADVERSE EFFECTS/REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. For full details consult product literature/ reference texts.

| ADVERSE EFFECTS | |
|---|---|
| **Drug** | **Adverse Effects** |
| 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 |
| Oxaliplatin | Peripheral neuropathy (cumulative), acute laryngopharyngeal dysasthesia (increase duration of infusion) |
| Vincristine | Peripheral neuropathy, constipation, jaw pain |
| Cytarabine | CNS toxicity, conjunctivitis, flu-like syndrome, pulmonary toxicity, gastro-intestinal toxicity |
| Ibrutinib | Diarrhoea, musculoskeletal pain, upper respiratory tract infection, bruising, rash, nausea, pyrexia, neutropenia, thrombocytopenia, constipation, atrial fibrillation, ventricular tachycardia, hypertension, onycholclasis |

## SIGNIFICANT DRUG INTERACTIONS

- **Azole antifungals should be used in caution with Vincristine**
- **There are many drug interactions associated with ibrutinib. Caution is advised when concurrently prescribing agents that affect coagulation or platelet function or that influence the hepatic enzyme system CYP3A4.**
- **Grapefruit and grapefruit juice, and Seville oranges, should be avoided while on ibrutinib**

## REFERENCES

1. TRIANGLE (autologous transplantation after a Rituximab/Ibrutinib/Ara-c containing induction in generalized mantle cell lymphoma). Protocol version 1.6 November 2019

## DOCUMENT CONTROL

| Version | Date | Amendment | Written By | Approved By |
|---|---|---|---|---|
| **1** | **11/06/2026** | | **Nanda Basker Pharmacist** | **Dr Rob Lown Consultant Haematologist** |

This SACT protocol has been developed by the Wessex Cancer Alliance SACT protocol development group. 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
University Hospitals of Dorset

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.

The regimen summary that follows is to facilitate building the protocols in the Aria prescribing system for those Trusts that utilise this system.

## REGIMEN SUMMARY

42 day cycle

Cycle 1 Day 1

1. Prednisolone 100mg oral
   Administration instructions:
   Administer 30 minutes before rituximab

2. Chlorphenamine 10mg intravenous
   Administration instructions:
   Administer 30 minutes before rituximab

3. Paracetamol 1000mg oral
   Administration instructions:
   Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses.

   Administer 30 minutes before rituximab

4. Rituximab 375mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as per the rituximab administration guidelines
   Administration instructions:
   The rate of administration varies. Please refer to the rituximab administration guidelines.

5. Ondansetron 8mg oral or intravenous injection
   Administration instructions:
   Administer 30 minutes before chemotherapy

6. Doxorubicin 50mg/m2 intravenous bolus over 10 minutes

7. Vincristine 1.4mg/m2 (max 2mg) intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

8. Cyclophosphamide 750mg/m2 intravenous bolus over 10 minutes

9. Hydrocortisone 100mg intravenous once only when required for the relief of rituximab infusion related reactions

10. Salbutamol 2.5mg nebule once only when required for the relief of rituximab related bronchospasm

Day 1 TTO

**Take home medication**

1. Ibrutinib 560mg once a day in the morning on days 1 -19
   Administration instructions:
   Oral SACT
   Ibrutinib tablets should be swallowed whole with water at approximately the same time each day. Avoid grapefruit and grapefruit juice, and Seville oranges while on ibrutinib. Always check for drug interactions.

2. Prednisolone 100mg once a day for 4 days oral (starting on day 2)

3. Aciclovir 400mg oral three times a day for 42 days
   Administration Instructions
   Please supply 42 days or an original pack if appropriate

4. Co-Trimoxazole 960mg once a day on Monday, Wednesday and Friday only for 42 days
   Administration Instructions Co-trimoxazole 960mg once a day on Mondays, Wednesdays and Fridays. Please supply 42 days. This may be dispensed as 480mg twice a day on Mondays, Wednesdays and Fridays according to local practice.

5. Metoclopramide 10mg three times a day when required oral
   Administration instructions:
   Please supply 1 original packs

6. Ondansetron 8mg twice a day for 3 days oral
   Administration instructions:
   To start on the evening of day 1 of treatment for 3 days.

7. Pegfilgrastim 6mg subcutaneous injection on day 2

8. Allopurinol 300mg once a day oral for 7 days

9. Adcal D3 chewable tablet 1 twice a day for 42 days
   Administration Instructions
   Please supply 42 days or an original pack if appropriate

10. Warning – consider if bisphosphonate required
    Administration Instructions:
    Please consider if bisphosphonate required e.g. alendronic acid 70mg once a week

Day 22

11. Dexamethasone 40mg oral
    Administration instructions:
    Administer 30 minutes before to rituximab

12. Chlorphenamine 10mg intravenous
    Administration instructions:
    Administer 30 minutes before rituximab

13. Paracetamol 1000mg oral
    Administration instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses.

    Administer 30 minutes before rituximab

14. Rituximab 375mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as per the rituximab administration guidelines
    Administration instructions:
    The rate of administration varies. Please refer to the rituximab administration guidelines.

15. Ondansetron 8mg oral
    Administration instructions:
    Administer 30 minutes before chemotherapy

16. Metoclopramide 10mg oral
    Administration instructions:
    Administer 30 minutes before chemotherapy

17. Oxaliplatin 130mg/m2 intravenous infusion in 500ml glucose 5% over 120 minutes
    Administration instructions:
    The rate of administration may be increased to 360 minutes if the patient suffers from an acute laryngopharyngeal dysphagia.

18. Hydrocortisone 100mg intravenous once only when required for the relief of rituximab infusion related reactions

19. Salbutamol 2.5mg nebule once only when required for the relief of rituximab related bronchospasm

**Day 23**

20. Warning – Cytarabine is TWICE a day. TWO doses delivered in one infusion bag administered via CADD pump
    Administration Instructions
    Cytarabine is administered TWICE a day at 12 hour intervals (1000 and 2200) via CADD pump. Sodium chloride infusion must be administered concurrently. Always refer to the patient schedule for supportive treatments and fluids

21. Cytarabine 4000mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as intermittent infusion via CADD pump
    Administration Instructions
    The daily doses of cytarabine should be given 12 hours apart One dose: Cytarabine 2000mg/m2 in 250ml sodium chloride 0.9% over 180 minutes.. Each infusion bag contains: TWO doses Cytarabine is administered TWICE a day at 12 hour intervals (1000 and 2200) on day 23 (2 doses in total). Connect infusion bag on day 22 and disconnect on day 24

22. Sodium Chloride 0.9% 100ml continuous infusion at 0.5ml/hr.
    Administration Instructions
    Sodium chloride 0.9% to be administered via folfusor pump at 0.5ml/hr on Days 22-24. To be connected via Y-site with CADD pump to maintain line patency. Disconnect folfusor at the same time as disconnecting CADD pump

**Take home medication Day 22**

23. Metoclopramide 10mg three times a day when required oral
    Administration instructions:
    Please supply 1 original packs

24. Ondansetron 8mg twice a day for 5 days oral
    Administration instructions:
    To start on the evening of day 22 of treatment for 5 days.

25. Pegfilgrastim 6mg subcutaneous injection on day 24

26. Prednisolone 0.5% or dexamethasone 0.1% eye drops one drop into both eyes four times a day, days 23 to 27

27. Dexamethasone 40mg once day on days 23, 24 and 25

## Cycle 2 and 3

### Day 1

1. Prednisolone 100mg oral

Administration instructions:

Administer 30 minutes prior to rituximab

2. Chlorphenamine 10mg intravenous

Administration instructions:

Administer 30 minutes before rituximab

3. Paracetamol 1000mg oral

Administration instructions:

Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses.

Administer 30 minutes before rituximab

4. Rituximab 375mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as per the rituximab administration guidelines

Administration instructions:

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

5. Ondansetron 8mg oral or intravenous injection

Administration instructions:

Administer 30 minutes before chemotherapy

6. Doxorubicin 50mg/m2 intravenous bolus over 10 minutes

7. Vincristine 1.4mg/m2 (max 2mg) intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

8. Cyclophosphamide 750mg/m2 intravenous bolus over 10 minutes

9. Hydrocortisone 100mg intravenous once only when required for the relief of rituximab infusion related reactions

10. Salbutamol 2.5mg nebule once only when required for the relief of rituximab related bronchospasm

Day 1 take home medication

11. Ibrutinib 560mg once a day in the morning on days 1 -19

Administration instructions:

Oral SACT

Ibrutinib tablets should be swallowed whole with water at approximately the same time each day. Avoid grapefruit and grapefruit juice, and Seville oranges while on ibrutinib. Always check for drug interactions.

12. Prednisolone 100mg once a day for 4 days oral (starting on day 2)

13. Aciclovir 400mg oral three times a day for 42 days
    Administration Instructions
    Please supply 42 days or an original pack if appropriate

14. Pegfilgrastim 6mg subcutaneous injection on day 2

15. Co-Trimoxazole 960mg once a day on Monday, Wednesday and Friday only for 42 days
    Administration Instructions Co-trimoxazole 960mg once a day on Mondays, Wednesdays and Fridays. Please supply 42 days. This may be dispensed as 480mg twice a day on Mondays, Wednesdays and Fridays according to local practice.

16. Metoclopramide 10mg three times a day when required oral
    Administration instructions:

    Please supply 1 original packs

17. Ondansetron 8mg twice a day for 3 days oral
    Administration instructions:
    To start on the evening of day 1 of treatment for 3 days.

18. Adcal D3 chewable tablet 1 twice a day for 42 days
    Administration Instructions
    Please supply 42 days or an original pack if appropriate

19. Warning – consider if bisphosphonate required
    Administration Instructions:
    Please consider if bisphosphonate required e.g. alendronic acid 70mg once a week

**Day 22**

20. Dexamethasone 40mg oral
    Administration instructions:
    Administer 30 minutes prior to rituximab

21. Chlorphenamine 10mg intravenous
    Administration instructions:
Administer 30 minutes before rituximab

22. Paracetamol 1000mg oral
    Administration instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses.

    Administer 30 minutes before rituximab

23. Rituximab 375mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as per the rituximab administration guidelines
    Administration instructions:

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

22. Ondansetron 8mg oral

    Administration instructions:
    Administer 30 minutes before chemotherapy

24. Metoclopramide 10mg oral
    Administration instructions:
    Administer 30 minutes before chemotherapy

25. Oxaliplatin 130mg/m2 intravenous infusion in 500ml glucose 5% over 120 minutes
    Administration instructions:
    The rate of administration may be increased to 360 minutes if the patient suffers from an acute laryngopharyngeal dysphagia.

26. Hydrocortisone 100mg intravenous once only when required for the relief of rituximab infusion related reactions

27. Salbutamol 2.5mg nebule once only when required for the relief of rituximab related bronchospasm

**Day 23**

28. Warning – Cytarabine is TWICE a day. TWO doses delivered in one infusion bag administered via CADD pump
    Administration Instructions Cytarabine is administered TWICE a day at 12 hour intervals (1000 and 2200) via CADD pump. Sodium chloride infusion must be administered concurrently. Always refer to the patient schedule for supportive treatments and fluids

29. Cytarabine 4000mg/m2 intravenous infusion in 500ml sodium chloride 0.9% as intermittent infusion via CADD pump
    Administration Instructions The daily doses of cytarabine should be given 12 hours apart One dose: Cytarabine 2000mg/m2 in 250ml sodium chloride 0.9% over 180 minutes. Each infusion bag contains: TWO doses Cytarabine is administered TWICE a day at 12 hour intervals (1000 and 2200) on day 23 (2 doses in total). Connect infusion bag on day 22 and disconnect on day 24

30. Sodium Chloride 0.9% 100ml continuous infusion at 0.5ml/hr.
    Administration Instructions Sodium chloride 0.9% to be administered via folfusor pump at 0.5ml/hr on Days 22-24. To be connected via Y-site with CADD pump to maintain line patency. Disconnect folfusor at the same time as disconnecting CADD pump

**Take home medication day 22**

31. Pegfilgrastim 6mg subcutaneous injection on day 24

32. Metoclopramide 10mg three times a day when required oral
    Administration instructions:

    Please supply 1 original packs

33. Ondansetron 8mg twice a day for 5 days oral
    Administration instructions:
    To start on the evening of day 22 of treatment for 5 days.

34. Prednisolone 0.5% or dexamethasone 0.1% eye drops one drop into both eyes four times a day, days 23 to 27

35. Dexamethasone 40mg once day oral on days 23, 24 and 25