Indication	Non-Hodgkins Lymphoma
Treatment Intent	Curative/Palliative/Disease modification
Frequency and number of cycles	Every 21 days For the maximum of 8 cycles.
Monitoring Parameters pre-treatment	• Virology status to be checked prior to cycle 1. • ECG baseline. Baseline MUGA/ECHO where clinically indicated. • FBC, U&E and LFTs at baseline and before each cycle. Monitor between cycles as clinically indicated. • **Haematological Toxicity:** • Neutrophils < 1.0 x 10^9/L and / or platelets < 80 x 10^9/L, delay chemotherapy by up to 1 week. After first neutropenic event, subsequent cycles should be given with prophylactic GCSF. For continued neutropenia even with GCSF support dose reduce Cyclophosphamide and Doxorubicin. • **Renal Impairment:** • Cyclophosphamide: CrCl 10–20 mL/min give 75%; CrCl < 10mL/min give 50% • **Hepatic Impairment:** • Vincristine: If bilirubin 26-51µmol/L or AST/ALT 60-180 units/L give 50%, bilirubin >51µmol/L and AST/ALT normal give 50%, bilirubin >51µmol/L and AST/ALT > 180 units/L omit. • Doxorubicin: If AST 2-3 x ULN give 75%, bilirubin 20-51µmol/L or AST >3xULN give 50%, bilirubin 52-85µmol/L give 25%, bilirubin >85µmol/L omit. • **Neurotoxicity** - Grade 2 motor and Grade 3 sensory toxicity give Vincristine 50% dose or Vinblastine 4-6mg/m². • Maximum cumulative dose of Doxorubicin = 450-550mg/m². Check previous exposure to anthracyclines. • **Drug Interactions:** doxorubicin:ciclosporin • **Rituximab:** • Use rituximab infusion monitoring record. • Rituximab Infusion rates: First infusion – Initiate at 50 mg/hr. Increase at 50mg/hr increments every 30mins to 400mg/hr. max. Subsequent infusions – Initiate infusion at 100mg/hr. Increase rate at 100mg/hr increments every 30mins to 400mg/hr max. From cycle 2 onwards rapid infusion may be used if requested by clinician (patient must not have had a grade 3 or 4 reaction to previous rituximab treatment). In this case infuse first 100ml over 20 minutes, and if no reaction, infuse remaining 400ml over 60 minutes. Use rapid rituximab infusion chart. • Ensure pre-medication of rituximab with chlorphenamine, prednisolone & paracetamol. Monitor rituximab infusion closely (complete monitoring form), watch for signs of dyspnoea, fever, rigors. If such symptoms occur stop infusion and seek medical advice. Infusion may be recommenced at half the previous rate, once symptoms have subsided. Anaphylaxis drugs must be available when treating with rituximab • Consider withdrawing any anti-hypertensives 12 hours before treatment with rituximab. • Consider reduction of cell load by other means prior to rituximab infusion if high tumour load and consider decreasing infusion speed. • Patients with a high tumour burden or with a high number of lymphocytes (>25 x 10^9/l) who may be at higher risk of especially severe cytokine release syndrome, should only be treated with extreme caution. These patients should be very closely

	monitored throughout the first infusion. Consideration should be given to the use of a reduced infusion rate for the first infusion in these patients or a split dosing over two days during the first cycle.
References	ARIA regimen HAEM-NHL-044 KMCC protocol HAEM-NHL-006 v3 Changes made in line with 'SOP for removal of ranitidine on KMCC protocols and on aria regimens'

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 21 days:

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Paracetamol	1000mg	PO		Stat
	Chlorphenamine	10mg	IV	1 min	By slow IV infusion
	Prednisolone	100mg	PO	stat	Take with or just after food, or a meal
	Commence Rituximab at least 30 mins – 1 hour after pre-medication.				
	RITUXIMAB	**375mg/m²**	IV	**See notes**	Sodium Chloride 0.9% 500ml
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15min	In 50ml Sodium chloride 0.9%
	VINCRISTINE	**1.4mg/m² (max 2mg)**	IV	5-10 mins	In 50ml sodium chloride 0.9%
	DOXORUBICIN	**50mg/m²**	IV	bolus	Through the side of a fast running NaCl 0.9% infusion.
	CYCLOPHOSPHAMIDE	**750mg/m²**	IV	bolus	Doses </=1500mg give through the side of a fast running Sodium Chloride 0.9% infusion For doses >1500mg give in 250-500ml NaCl over 30-60mins.

TTO	Drug	Dose	Route	Directions
	Non e.c. Prednisolone	100mg	PO	OM days 2-5
	Omeprazole	20mg	PO	OD
	Metoclopramide	10mg	PO	TDS PRN 3 days. Do not take for more than 5 days continuously.
	Allopurinol	300mg	PO	OD for first cycle only
	Chlorhexidine mouthwash	10ml	TOP	QDS for 2 weeks - rinse mouth for at least one minute
	Filgrastim	300 µg	SC	OD days (… to …) (only if needed)
	Aciclovir	400mg	PO	BD
	Co-trimoxazole	480mg	PO	BD Monday, Wednesday and Friday. Continue for duration of chemotherapy and for 6 weeks after.