Rituximab, Methotrexate, Vincristine, Procarbazine for Primary CNS Lymphoma

Contact Physician: ____________________________ Pager: __________

Patient Diagnosis: ____________________________________

Weight:_______ Height:_______ BSA:_______

Adjusted IBW:_________ Adjusted BSA:_____________

Allergies:__________________________________________

Current Week of Therapy: 1  3  5  7  9 (circle appropriate one)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose/Route</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rituximab</td>
<td>375mg/m²</td>
<td>IV once weekly on week 1,2,3,4 (Total of 4 doses)</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>3.5grams/m²</td>
<td>IV once weekly on week 1,3,5,7,9 (Total of 5 doses)</td>
</tr>
<tr>
<td>Leucovorin</td>
<td>25mg PO/IV</td>
<td>every 6 hours starting 24 hours after methotrexate</td>
</tr>
<tr>
<td>Vincristine</td>
<td>1.4mg/m²</td>
<td>(max. 2mg) IV weekly on week 1,3,5,7,9 (Total of 5 doses)</td>
</tr>
<tr>
<td>Procarbazine</td>
<td>100mg/m²/day</td>
<td>PO on Days 1-7 of week 1,5,9 (Total of 3 weeks)</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>12mg IT</td>
<td>once weekly as outpatient on week 2,4,6,8,10 (Total 5 doses)</td>
</tr>
</tbody>
</table>

1. LABS:

2. HYDRATION: Start IV hydration with 0.45NS with sodium bicarbonate 50 mEq/liter at: (circle one) a) 100 ml/hour or b) 150 ml/hour.

Start IV hydration (circle one) a) 6 hours or b) 12 hours before administration of methotrexate. Continue hydration throughout methotrexate administration and post methotrexate until methotrexate level is undetectable.
3. **Prophylactic Medications:** (check the appropriate medications)

- **Allopurinol:** 300 mg PO daily; duration ___________ days
- **Acyclovir:** 400 mg PO twice daily
- **TMP/Sulfa:** (hold during methotrexate administration, resume at discharge) 160/800mg 1 tablet PO twice daily every Sat/Sun.
- **Antifungal:**

4. **Anti-emetics:**
- **Dexamethasone:** 20 mg PO prior to methotrexate infusion
- **Ondansetron:** 16 mg PO prior to methotrexate infusion.
- **Ondansetron:** 16mg PO prior to procarbazine on Day 1-7 during week 1, 5, and 9 (Line through if not receiving procarbazine during this week)
- **Lorazepam:** 0.5mg – 1 mg PO or IV every 4 hours prn nausea

5. **Chemotherapy:**

- **Rituximab** \((375mg/m^2)\) = ________mg IV weekly on Day _______ of Week 1,2,3,4 (see separate Rituximab orders). Line through if not receiving rituximab during this week.

- **Methotrexate** \((3.5grams/m^2)\)=________grams in Dextrose 5% in Water 1000mL IV over 2 hours on Day _______ of Week 1, 3, 5, 7, and 9.

- **Leucovorin** 25 mg (circle one) PO or IV beginning 24 hours after the start of methotrexate and continue every 6 hours until the serum methotrexate level is <0.05mcg/ml. May discontinue when methotrexate level is no longer detectable. (Tablet sizes: 5mg, 15mg)

- Check urine pH every 8 hours. If less than 7, give sodium bicarbonate 50 mEq IV push.
• **Vincristine** (1.4mg/m²) = ________mg (maximum 2mg) slow IV push on Day _____ of Week 1, 3, 5, 7, and 9.

• **Procarbazine** (100mg/m²) = ________mg PO daily, Days 1 to 7 of Week 1, 5, and 9. Day 1 = ________ (Capsule size: 50mg) Line through if not receiving procarbazine during this week.

6. **LABS:**
   Methotrexate levels every AM starting the morning after the completion of methotrexate and continue daily until serum methotrexate level is <0.05mcg/mL. Start daily methotrexate levels on ______.

7. **FOLLOW-UP:**

Signed: ___________________________ Pager: __________________

Reference: J Clin Oncology 18(17), 2000: 3144-3150
J Clin Oncology 24(28), 2006: 45704574