

**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)

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

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** ($375\text{mg}/\text{m}^2$) = _____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** ($3.5\text{grams}/\text{m}^2$)= _____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 $<0.05\text{mcg}/\text{ml}$. 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** ($1.4\text{mg}/\text{m}^2$)= _____mg (maximum 2mg) slow IV push on Day _____ of Week 1,3,5,7, and 9.
- **Procarbazine** ($100\text{mg}/\text{m}^2$) = _____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 $<0.05\text{mcg}/\text{mL}$. 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

