

ESHAP: Etoposide, Methylprednisolone, Cytarabine, Cisplatin for Non-Hodgkin's Lymphoma and Multiple Myeloma

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Day 1 =** _____ **Cycle 1: Consent form done**

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

Methylprednisolone ($\leq 70\text{kg} = 250\text{mg}$ or $>70\text{kg} = 500\text{mg}$) IV daily, days 1-5
Etoposide $40\text{mg}/\text{m}^2$ IV over one hour daily, days 1-4
Cisplatin $25\text{mg}/\text{m}^2/\text{day}$ with mannitol 25grams per day CIVI over 24 hours daily, days 1-4
Cytarabine $2\text{ grams}/\text{m}^2$ IV over 2 hours, day 5

1. Hydration:

Start IV hydration with Sodium Chloride 0.9% at 150 ml/hour 6 hours prior to beginning cisplatin. Continue hydration throughout the cisplatin administration and until chemotherapy completed on day 5.

2. Prophylactic medications: (check the appropriate medications)

- Allopurinol: 300mg PO daily for 10 days with cycle #1.
- Acyclovir: 400mg PO twice daily
- TMP/Sulfa: 160/800mg 1 tablet PO twice daily every Sat/Sun
- Antifungal:
- GI prophylaxis:

3. Anti-emetics: High emetogenic potential

- Ondansetron 16mg PO twice daily for 10 doses, then every 12 hours prn. First dose prior to start of chemotherapy.
- Ondansetron 16 mg IV every 12 hours if unable to tolerate PO.
- Dexamethasone 8 mg PO once daily on Day 6 and 7 (delayed nausea).
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10 mg PO every 6 hours prn nausea
- Aprepitant 125mg PO day 1 and 80mg PO day 2&3

4. Chemotherapy:

- **Methylprednisolone** ($\leq 70\text{kg}=250\text{mg}$ or $>70\text{kg}=500\text{mg}$) _____ mg IV over 15 minutes daily, Days 1-5. Administer first dose prior to IV chemotherapy.
- **Etoposide** ($40\text{mg}/\text{m}^2/\text{day}$) _____ mg IV in Sodium Chloride 0.9% 500mL IV over one hour daily on Days 1-4 (total $160\text{mg}/\text{m}^2$).
- **Cisplatin** ($25\text{mg}/\text{m}^2/\text{day}$) _____ mg in Sodium Chloride 0.9% 1000mL
with manitol 25 grams given as a continuous IV infusion over 24 hours daily on Days 1-4 (total dose $100\text{mg}/\text{m}^2$).
- **Cytarabine** ($2\text{ grams}/\text{m}^2$) _____ grams in Sodium Chloride 0.9% 250mL IV over 2 hours on Day 5, after completion of cisplatin.

5. Filgrastim (Wt. $\leq 70\text{kg}= 300\text{mcg}$; $>70\text{kg}=480\text{mcg}$) _____ mcg subcutaneous daily starting 24 hours after chemotherapy. Start on day _____. Discontinue when neutrophil count is greater than 4000 after nadir.

6. Discharge: CBC diff platelet counts to be done every Monday and Thursday starting _____. If done at outside clinic, fax to Cancer Clinic triage (608) 266-6020.

Chemotherapy may be repeated every 3-4 weeks.

Signed: _____ **Pager:** _____

Reference: JCO 1994: 12(6): 1169-1176.

Decision made to use NHL regimen for Multiple Myeloma. Multiple Myeloma ref: British J Haematology 2004: 125: 756-765.

Recommended Dose Adjustments:

Serum creatinine 1.5-2, decrease cisplatin by 25%

Serum creatinine 2.1-3, decrease cisplatin by 50%

Serum creatinine >3, discontinue cisplatin.

Myelosuppression from previous cycles:

For *neutropenia* ($\leq 200/uL$), *thrombocytopenia* ($\leq 20,000/uL$), documented sepsis, or *other non-myeloid grade 3 or 4 toxicities* reduce cytarabine by 50% and etoposide by 20%.