RITUXIMAB SUBCUTANEOUS for low-grade lymphomas

Funding approved for maintenance therapy in low grade lymphomas as follows:

a) NICE approved for maintenance therapy for previously untreated, or relapsed, Stage III or IV CD20 +ve follicular NHL which has responded to rituximab-containing induction chemotherapy
b) Maintenance therapy for mantle cell lymphoma in patients who respond to standard 1st line chemotherapy
c) Maintenance therapy for marginal zone lymphoma in patients who respond to standard 1st line chemotherapy

Drugs/Dosage:	**Rituximab**	1400mg (in 11.7ml)	subcutaneous bolus	Day 1

Frequency:

First-line maintenance for previously untreated follicular, mantle cell or MZ lymphoma:
one dose every **2 months** (starting 2 months after last dose of induction chemotherapy), until relapse, or for a maximum of 2 years (total of 12 doses)

Maintenance for relapsed follicular lymphoma:
one dose every **3 months** (starting 3 months after last dose of induction chemotherapy), until relapse, or for a maximum of 2 years (total of 8 doses)

Premedication:		
	Paracetamol 1000mg po	30 - 60 minutes before treatment
	Chlorphenamine 4mg po	30 - 60 minutes before treatment
	Dexamethasone 8mg po	30 - 60 minutes before treatment

Administration:

Rituximab subcutaneous should be injected by slow subcutaneous injection over approximately 5 minutes into the abdominal wall, but never into areas where the skin is red, bruised, tender or hard, or where there are moles or scars.
The needle must only be attached to the syringe immediately prior to administration to avoid potential needle clogging.
If an injection is interrupted it can be resumed at the same site, or another location may be used, as appropriate.

Observe for at least 15 minutes after subcutaneous injection.

Main Toxicities:

Local injection site reactions occurring within 24 hours of the subcutaneous injection are very common and include pain, swelling, redness, induration, haemorrhage, erythema, pruritus and rash.
Some local cutaneous reactions may occur more than 24 hours after administration.
The majority of local cutaneous reactions are mild or moderate (grade 1 or 2), and resolve without any specific treatment.
severe cytokine release syndrome – usually occurs within 1–2 hours of the first rituximab IV infusion, and consists of fever, headache, rigors, flushing, nausea, rash, URTI symptoms, transient hypotension
increased risk of infections

Anti- emetics: mildly emetogenic (anti-emetics not routinely needed)

Regular Investigations:	FBC	before every dose
	LFTs & U&Es & LDH	before every dose (results not required for rituximab prescribing or administering)

Reason for Update: statement added for LFTs, U&Es and LDH	Approved by Chair of Alliance TSSG: Dr A Laurie
Version: 2	Date: 22.8.16
Supersedes:	Review Date: Sept 2018
Prepared by: S Taylor	Checked by: C Tucker

Comments:	Use with caution if WBC > 25 x 10^9/l, as increased risk of severe cytokine release syndrome. Full resuscitation equipment must be available, with immediate access to clinical staff trained in resuscitation.

Dose Modifications

Haematological Toxicity:	If counts become low during treatment, this may be due to marrow infiltration and should be discussed with Consultant before any further treatment is given.
Patient Information:	Macmillan leaflet only available for IV Rituximab
References:	Van Oers et al; JCO 2010; 28 (17): 2853 - 2858 (maintenance for relapsed follicular) Salles, G et al; Lancet 2011; 377 (9759): 42 – 51 (1st line maintenance for follicular)

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