

**University of Wisconsin - Madison  
Lymphoma CHOP-19 Protocol**

First induction?: YES NO

Date of diagnosis: \_\_\_\_\_

If relapse, date of confirmed relapse: \_\_\_\_\_

Immunophenotype: \_\_\_\_\_

Stage and substage: \_\_\_\_\_

\_\_\_\_\_ kg \_\_\_\_\_ m<sup>2</sup>

**\*If less than 15 kg, decrease Doxorubicin to 25 mg/m<sup>2</sup>**

	<b>Treatment</b>	<b>Date</b>	<b>Dose</b>	<b>Day 7 CBC values</b>	<b>Response</b>
<b>Week 1</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV Prednisone 2 mg/kg PO, SID	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 2</b>	Cytosan 250 mg/m <sup>2</sup> PO Furosemide 1 mg/kg PO Prednisone 1.5 mg/kg PO, SID	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 3</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV Prednisone 1 mg/kg PO, SID	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 4</b>	Doxorubicin 30 mg/m <sup>2</sup> IV Prednisone 0.5 mg/kg PO, SID	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 6</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 7</b>	Cytosan 250 mg/m <sup>2</sup> PO Furosemide 1 mg/kg PO	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 8</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 9</b>	Doxorubicin 30 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 11</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 12</b>	Cytosan 250 mg/m <sup>2</sup> PO Furosemide 1 mg/kg PO	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 13</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 14</b>	Doxorubicin 30 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 16</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 17</b>	Cytosan 250 mg/m <sup>2</sup> PO Furosemide 1 mg/kg PO	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 18</b>	Vincristine 0.5 - 0.7 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____
<b>Week 19</b>	Doxorubicin 30 mg/m <sup>2</sup> IV	_____	_____	D7N: _____ PLT: _____	_____

**If in complete remission at week 19, all therapy stops and monthly re-evaluations are instituted.**

**Total Doxorubicin dose to date: \_\_\_\_\_ mg \_\_\_\_\_ mg/m<sup>2</sup>**

**Perform CBC and physical examination prior to each chemotherapy treatment.**

Neutrophils greater than 1500	Okay to give chemotherapy
Neutrophils 750 - 1500 with no fever	Do not give chemotherapy Can go home with instructions for close monitoring (No antibiotics)
Neutrophils less than 750	Do not give chemotherapy. Recheck CBC in 2-3 days. Call VMTH. Start on antibiotics (enrofloxacin 10 mg/kg PO SID for 5 days or ciprofloxacin 15-20 mg/kg PO BID for 5 days).
<b>Febrile (&gt;102.5) and unwell,</b> neutrophils less than 1500	Hospitalize on IV fluids and IV antibiotics (Enrofloxacin and ampicillin are antibiotics of choice). Recheck CBC in 24 hours. Call VMTH
Platelets less than 50000	Do not give chemotherapy, recheck CBC in 2-3 days.