Indication: For CD30-positive relapsed or refractory systemic Anaplastic Large Cell Lymphoma (sALCL)
- Previously received front line therapy
For CD30-positive relapsed or refractory Hodgkin’s Lymphoma
- Lack of chemoresponsiveness to autologous stem cell transplant (ASCT)
- Or at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option

Confirm local funding is in place before commencing treatment

Regimen details: Brentuximab 1.8mg/kg IV Day 1
The maximum recommended dose is 180mg.

Administration: IV in sodium chloride 0.9% over 30 minutes. The final concentration must be between 0.4mg/mL to 1.2mg/mL.

Premedication: None required

Frequency: Every 21 days, for up to 16 cycles

Extravasation: If there is any possibility that extravasation has occurred, contact a senior member of the medical team and follow local protocol for dealing with cytotoxic extravasation of irritant and non-vesicant drugs.

Anti-emetics: None routinely required.

Supportive medication: PCP prophylaxis: Co-trimoxazole 960mg M, W, F.
For the first cycle only: allopurinol 300mg OD (dose reduce if renal impairment to 100mg OD)

Regular investigations: FBC D1
U&E D1
LFTs D1

The patient should have weekly FBC, U&Es and LFTs in between cycles.

Virology screen – Hep B & C, HIV prior to initiating treatment (Hep B includes HBsAg and HBcAb)

Female patients of childbearing potential must have a negative serum or urine β-hCG pregnancy test result within 3 days prior to the first dose.
Brentuximab for Relapsed / Refractory Hodgkin’s or Anaplastic Large Cell Lymphoma

Dose Modifications

Haematological Toxicity due to treatment:

<table>
<thead>
<tr>
<th>Neutrophils (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Brentuximab dose adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 1.0 &amp; ≥ 50</td>
<td>100% dose</td>
<td></td>
</tr>
<tr>
<td>&lt; 1.0 &amp; / or &lt; 50</td>
<td>Discuss with Consultant and consider delaying treatment until counts recovered.</td>
<td></td>
</tr>
</tbody>
</table>

Renal Impairment

SeCr prior to each dose ≤ 1.5 x ULN. No information available on dose modifications for SeCr > 1.5 x ULN. Discuss with Consultant.

Hepatic Impairment

Bilirubin ≤ 1.5 x ULN, ALT and AST ≤ 2.5 x ULN. No information available on dose modifications if above these ULN ranges. Discuss with Consultant.

Non-haematological toxicities

<table>
<thead>
<tr>
<th>Severity of peripheral sensory or motor neuropathy</th>
<th>Brentuximab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1 (paraesthesia, weakness and/or loss of reflexes) with no pain or loss of function</td>
<td>No action</td>
</tr>
<tr>
<td>Grade 2 (interfering with function but not with activities of daily living) or Grade 3 (interfering with activities of daily living)</td>
<td>Withhold dose until toxicity returns to ≤ Grade 1 or baseline, then restart treatment at a reduced dose of 1.2 mg/kg every 3 weeks</td>
</tr>
<tr>
<td>Grade 4 (sensory neuropathy which is disabling or motor neuropathy that is life threatening or leads to paralysis)</td>
<td>Discontinue brentuximab</td>
</tr>
</tbody>
</table>

Toxicities: Allergic and anaphylactic reactions, peripheral neuropathy, hyperglycaemia, tumour lysis syndrome, diarrhoea, nausea, constipation.

Drug interactions: No information available.

Comments: Patients may develop infusion related reactions; symptoms include fever, chills, pruritus and rash. Rarely, anaphylactic reactions can occur. Patients should have their blood pressure, pulse, respiratory rate, temperature and O₂ saturation monitored pre-, immediately post- and one hour post- each infusion. Patients must be asked about symptoms suggestive of infusion reactions after their first cycles of therapy. Measures to prevent severe reactions, including antihistamines, antipyretics and corticosteroids must be considered in subsequent cycles. Patients should be monitored closely for signs of immune function changes e.g. opportunistic infections.

References: www.medicines.org.uk