**Table 10.**

## Rituxan (rituximab) [27]

**Initial Visit:**

History and Physical

- ☐ **History of malignancy, especially leukemia or lymphoma?**
- ☐ **History of serious infections (hepatitis, TB, HIV, other)?**
- ☐ **Total body skin exam for skin cancer**
- ☐ **Check for HSM, cervical/axillary/inguinal lymphadenopathy**
- ☐ **Active infection?** Hold dose for infection or sepsis
- ☐ **History of angina or cardiac arrhythmia? (requires cardiac monitoring)**
- ☐ Live vaccine within past month – you or household member?
- ☐ Medications: cisplatin (renal toxicity)
- ☐ Major surgery in next month?

Labs

- ☐ **CBC with differential, CMP, uric acid, phosphorus**
- ☐ **Baseline CD19 count**
- ☐ **TB test (for PPD, consider >5mm as positive)**
- ☐ **Hepatitis B screen: Hepatitis B sAg, Hepatitis B sAb, Hepatitis B cAb**
- ☐ **Hepatitis C ELISA screen**
- ☐ **Baseline EKG; cardiac monitoring during infusion if history of arrhythmia**
- ☐ **Influenza vaccine (if flu season)**
- ☐ HIV (optional)
- ☐ Pneumovax (optional)

Administration Considerations

- ☐ **First infusion in the hospital with crash cart available (Mount Sinai policy)**
- ☐ **Premedicate with acetaminophen 650mg po, diphenhydramine 50mg po, and methylprednisolone 100mg i.v. 30 minutes prior to infusion**
- ☐ PCP and HSV prophylaxis if CLL during and for 12 months following treatment

Counseling/Other

- ☐ **Fatal infusion reaction, esp. first infusion**
- ☐ **Risk of infection**, especially:
- ☐ **progressive multifocal leukoencephalopathy** from JC virus (a fatal infection);

- [ ] new or reactivated CMV, HSV, parvo B19, VZV, West Nile, hep B, hep C
- [ ] **Hepatitis B reactivation**
- [ ] **Cardiac arrhythmia and angina worsening**
- [ ] **Cytopenias**
- [ ] Risk of hypophosphatemia, esp. with steroids, and hyperuricemia
- [ ] Avoid live vaccines – self and household members for one month prior to Rituxan and until CD19 count recovers
- [ ] Tumor lysis syndrome (acute renal failure, hyperkalemia, hypocalcemia, hyperuricemia, hyperphosphatemia) if preexisting non-Hodgkin's lymphoma
- [ ] Risk of hepatotoxicity and liver failure
- [ ] Severe mucocutaneous reactions (paraneoplastic pemphigus, Stevens-Johnson syndrome, lichenoid dermatitis, vesicobullous dermatitis, toxic epidermal necrolysis)
- [ ] Bowel obstruction and perforation (in combination with chemotherapy)
- [ ] In NHL, risk of cytopenias: lymphopenia, neutropenia, leukopenia, anemia, thrombocytopenia

**Follow-up Visit:**

History and Physical

- [ ] **Every six months: Total body skin exam for skin cancer**
- [ ] **Every six months: Check for HSM, cervical/axillary/inguinal lymphadenopathy**
- [ ] **Any new infection – hold dose for active infection or sepsis**
- [ ] Major surgery in next month?
- [ ] Is there sustained clinical efficacy – for blistering diseases, expect effects at three weeks after second dose (more immediate effects likely due to premedication with methylprednisolone)?
- [ ] Any live vaccines in past month?
- [ ] Any household members getting live vaccine?
- [ ] Other interval history

Labs

- [ ] **Premedicate with acetaminophen 650mg po, diphenhydramine 50mg po, and methylprednisolone 100mg i.v. 30 minutes prior to infusion**
- [ ] **Prior to every infusion: CMP, CBC, uric acid, phosphorus**
- [ ] **One month after last infusion: CBC**
- [ ] **Every six months: CD19 (CD19 < 1 indicates efficacy)**
- [ ] **Every year: TB test (consider induration of >5mm as positive)**
- [ ] **Influenza vaccine annually (in flu season)**
- [ ] If cytopenias develop, then weekly CBC
- [ ] In HBV carriers, check liver panel for laboratory signs of hepatitis B reactivation
- [ ] Repeat EKG with each infusion if history of arrhythmia

☐ PCP and HSV prophylaxis if CLL during and for 12 months following treatment