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

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