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# 治療計画書

療法名　VcR-CAP(皮下注)療法　療法　1サイクル 3 週

疾患名　マントル細胞リンパ腫(6～8コース)

| 注射 | | 商品名 | 用量(/回) | 投与ルート | 投与時間 | 1 | | | | | | | 2 | | | | | | | 3 | | | | | | | 4 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 内服 | Rp | | 用量(/日) | 用法 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 放射線 | | 照射部位 | 照射量 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 1 | 生理食塩液 | 200 ml | 点滴 | キープ | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 2 | リツキシマブ | 375 mg/㎡ | 点滴(側管) | フローシートに従う | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | ml | 10倍希釈 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 3 | 生理食塩液 | 50 ml | 点滴(側管) | ルートフラッシュ | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 4 | グラニセトロン | 3 mg | 点滴(側管) | 30分 | | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 5 | ドキソルビシン | 50 mg/㎡ | 点滴(側管) | 30分 | | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 100 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 6 | エンドキサン | 750 mg/㎡ | 点滴(側管) | 2時間 | | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 500 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 7 | ベルケイド | 1.3 mg/㎡ | 皮下注 | | | ● | | ● | | | | ● | | | ● | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 2.5mg/mlで溶解 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 1 | ネオマレルミンTR | 6 mg | リツキシマブ投与30分前 | | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 2 | ブルフェン | 200 mg | リツキシマブ投与30分前 | | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 3 | プレドニゾロン | 100 mg | 1日1(-2)回朝(昼)食後 | | | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | |
| 内服 | 4 | ナウゼリン | 30 mg | 1日3回 | | | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | |
| 内服 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 放射線 | | | Gy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

特記事項

減量規定

| 薬品名 | ベルケイド | | | | |
|---|---|---|---|---|---|
| 標準投与量 | 1.3 mg/㎡ | | | | |
| 1段階減量 | 1 mg/㎡ | | | | |
| 2段階減量 | 0.7 mg/㎡ | | | | |
| 3段階減量 | 中止 | | | | |