

## Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

## A - Regimen Name

**CYCLDEXA+RITU Regimen**

Cyclophosphamide-dexamethasone-riTUXimab

**Disease Site** Hematologic - Lymphoma - Non-Hodgkin's Low Grade  
Waldenstrom's macroglobulinemia

**Intent** Palliative

**Regimen Category** **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Rationale and Uses** For treatment of previously untreated, symptomatic patients with Waldenstrom's macroglobulinemia

**Supplementary Public Funding** [cyclophosphamide](#)  
ODB - General Benefit (cyclophosphamide - oral tablets) ([ODB Formulary](#))

**[riTUXimab](#)**

New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) ([NDFP Website](#))

**[riTUXimab \(subcut\)](#)**

New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma)

[back to top](#)

**B - Drug Regimen**

**Note:** Different rituximab products are NOT INTERCHANGEABLE.

**Cycle 1: All patients must receive their first dose of rituximab by IV infusion.**

<b>dexamethasone</b> <sup>1</sup>	20 mg	IV	Day 1
<b><a href="#">riTUXimab</a></b>	375 mg /m <sup>2</sup>	IV	Day 1
<b><a href="#">cyclophosphamide</a></b>	100 mg /m <sup>2</sup>	PO BID	Days 1 to 5

(Available as 25 mg and 50 mg tablets)

**Cycle 2 and onwards:** (For a usual total of 6 cycles including initial IV rituximab cycle(s) )

**Rituximab IV:**

<b><a href="#">riTUXimab</a></b>	375 mg /m <sup>2</sup>	IV	Day 1
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**OR**

**Rituximab (subcut):**

The subcutaneous formulation must only be given at the second or subsequent cycles, if the patient has previously received at least one full rituximab IV dose.

<b><a href="#">riTUXimab (subcut)</a></b>	1400 mg	Subcut	Day 1
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**PLUS CYCLDEXA chemotherapy**

<b>dexamethasone</b> <sup>1</sup>	20 mg	IV	Day 1
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[cyclophosphamide](#)100 mg /m<sup>2</sup>

PO BID

Days 1 to 5

(1) On Day 1 to be given as part of premedication before ritUXimab

[back to top](#)

### C - Cycle Frequency

**REPEAT EVERY 21 DAYS** for a usual total of 6 cycles unless disease progression or unacceptable toxicity occurs

For patients who have responded to induction therapy, and were rituximab-naïve prior to induction, refer to maintenance rituximab regimen - RITU(MNT) or RITU(MNT-SC).

[back to top](#)

### D - Premedication and Supportive Measures

**Antiemetic Regimen:** Minimal  
Consider prophylaxis daily for cyclophosphamide PO

**Other Supportive Care:**

Also refer to [CCO Antiemetic Recommendations](#).

[back to top](#)

### J - Administrative Information

Approximate Patient Visit	First cycle: 5 hours; Subsequent cycles: 0.75 to 5 hours
Pharmacy Workload (average time per visit)	21.946 minutes
Nursing Workload (average time per visit)	69.833 minutes

[back to top](#)

### K - References

Davies A, Merli F, Mihaljević B, et al. Efficacy and safety of subcutaneous rituximab versus intravenous rituximab for first-line treatment of follicular lymphoma (SABRINA): a randomised, open-label, phase 3 trial. *Lancet Haematol*. 2017 Jun;4(6):e272-e282.

Dimopoulos MA, Anagnostopoulos A, Kyrtonis MC, et al. Primary treatment of Waldenström macroglobulinemia With dexamethasone, rituximab, and cyclophosphamide. *J Clin Oncol* 2007;25:3344-9.

Kastritis E, Gaviatopoulou M, Kyrtonis, MC, et al. Dexamethasone, rituximab, and cyclophosphamide as primary treatment of Waldenstrom macroglobulinemia: final analysis of a phase 2 study. *Blood* 2015 126: 1392-4.

### **PEBC Advice Documents or Guidelines**

- [Rituximab in Lymphoma and Chronic Lymphocytic Leukemia](#)

**August 2020** Updated NDFP forms and interchangeability information in Drug Regimen section

[back to top](#)

## **M - Disclaimer**

### **Regimen Abstracts**

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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### **Regimen Monographs**

*Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.*

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[back to top](#)