

Regimen Monograph

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A - Regimen Name

AVD+BREN Regimen

DOXOrubicin-vinBLASStine-Dacarbazine-Brentuximab vedotin

Disease Site Hematologic
Lymphoma - Hodgkin

Intent Curative

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 Treatment of previously untreated patients with Stage IV Hodgkin lymphoma

Supplementary Public Funding [brentuximab vedotin](#)
New Drug Funding Program (Brentuximab Vedotin - In Combination with Chemotherapy for Previously Untreated Stage IV Hodgkin Lymphoma) ([NDFP](#))

[Website](#))

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B - Drug Regimen

DOXOrubicin	25 mg /m ²	IV	Days 1, 15
vinBLASStine	6 mg /m ²	IV	Days 1, 15
dacarbazine	375 mg /m ²	IV	Days 1, 15
brentuximab vedotin ^{1, 2}	1.2 mg /kg	IV	Days 1, 15

¹ Maximum 120 mg per dose for patients who are ≥ 100 kg.

² Start brentuximab vedotin within approximately 1 hour after completion of AVD

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Up to a maximum of 6 cycles, or until disease progression or unacceptable toxicity, whichever comes first

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Febrile Neutropenia Risk: High

Other Supportive Care:

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

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J - Administrative Information

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	55.033 minutes
Nursing Workload (average time per visit)	71.667 minutes

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K - References

Connors JM, Jurczak W, Straus DJ, et al. Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma. *N Engl J Med* 2018;378(4):331-4. doi: 10.1056/NEJMoa1708984.

November 2021 new ST-QBP regimen; added brentuximab vedotin NDFP form

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M - Disclaimer

Regimen Abstracts

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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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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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