

Regimen Monograph

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A - Regimen Name

AVD+NIVL Regimen

DOXOrubicin-vinBLASStine-Dacarbazine-Nivolumab

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 First-line treatment of advanced stage (Ann Arbor stage III or IV) Hodgkin lymphoma

(Refer to the NDFP eligibility form for detailed funding criteria.)

**Supplementary
Public Funding**
[nivolumab](#)

New Drug Funding Program (Nivolumab - In Combination with Chemotherapy for Previously Untreated Advanced Stage Hodgkin Lymphoma) ([NDFP Website](#))

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B - Drug Regimen

DOXOrubicin	25 mg /m ²	IV	Days 1, 15
vinBLAS^tine	6 mg /m ²	IV	Days 1, 15
dacarbazine	375 mg /m ²	IV	Days 1, 15
nivolumab ^{1,2}	3 mg /kg	IV (max 240 mg)	Days 1, 15

¹Dosing based on NDFP funding criteria.

²Administer nivolumab after AVD as per institutional guidelines.

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C - Cycle Frequency
REPEAT EVERY 28 DAYS

Up to a maximum of 6 cycles, unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

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

Nivolumab pre-medications (prophylaxis for infusion reaction):

- Routine pre-medication is not recommended.
- May consider pre-medication with antipyretics and H1-receptor antagonists if an IR has occurred in the past.

Also refer to the CCO guideline for detailed description of [Management of Cancer Medication-Related Infusion Reactions](#).

Other Supportive Care:

- **Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.
- G-CSF was allowable in the clinical trial (Herrera et al).
- Refer to the CCO guideline for detailed description of [Immune-mediated toxicities and their management](#).

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J - Administrative Information

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	41.773 minutes
Nursing Workload (average time per visit)	62.417 minutes

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K - References

Canada's Drug Agency. Reimbursement Recommendation: Nivolumab. Canadian Journal of Health Technologies. August 2025

Herrera AF, LeBlanc M, Castellino SM, et al. Nivolumab+AVD in advanced-stage classic Hodgkin's lymphoma. N Engl J Med 2024 Oct 17;391(15):1379-89.

Nivolumab drug monograph. Ontario Health (Cancer Care Ontario).

December 2025 Updated Rationale/Uses, Supplementary Public Funding, Drug Regimen and Cycle Frequency sections

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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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