

Regimen Monograph

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A - Regimen Name

BEACOPDAC-14 Regimen**Bleomycin-Etoposide-Doxorubicin-Cyclophosphamide-Vincristine-Prednisone-Dacarbazine**

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 advanced stage Hodgkin's lymphoma

Supplementary Public Funding **prednisone**
ODB - General Benefit (prednisone)

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DOXOrubicin	25 mg /m ²	IV	Day 1
cyclophosphamide	650 mg /m ²	IV	Day 1
etoposide	100 mg /m ²	IV	Days 1 to 3
prednisone	80 mg /m ²	PO	Daily, on days 1-7
dacarbazine	250 mg /m ²	IV	Days 2 to 3
vinCRiStine	1.4 mg /m ²	IV (max 2 mg)	Day 8
bleomycin	10 units /m ²	IV	Day 8

[filgrastim](#)

Use as primary prophylaxis.

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For a usual total of 6 to 8 cycles unless disease progression or unacceptable toxicity occurs

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- Moderate (D1-7)
- Minimal (D8)
- Also refer to [CCO Antiemetic Recommendations](#).

Febrile Neutropenia Risk: High**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

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J - Administrative Information

Prednisone, Filgrastim: Outpatient prescription for home administration

Approximate Patient Visit	Day 1: 3 hours; Days 2, 3: 2 hours; Day 8: 0.5 hour
Pharmacy Workload (average time per visit)	35.123 minutes
Nursing Workload (average time per visit)	45.604 minutes

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K - References

BEACOPDac-14/Escalated BEACOPDac regimen. NHS South West Clinical Network, August 2021.

Diehl V, Franklin J, Pfreundschuh M, et al. Standard and increased-dose BEACOPP chemotherapy compared with COPP-ABVD for advanced Hodgkin's disease. *N Engl J Med* 2003;348:2386-95.

Engert A, Haverkamp H, Kobe C, et al. Reduced-intensity chemotherapy and PET-guided radiotherapy in patients with advanced stage Hodgkin's lymphoma (HD15 trial): a randomised, open-label, phase 3 non-inferiority trial. *Lancet* 2012 May 12;379(9828):1791-9.

Federico M, Luminari S, Iannitto E, et al. ABVD compared With BEACOPP compared With CEC for the initial treatment of patients with advanced Hodgkin's lymphoma: results from the HD2000 Gruppo Italiano per lo Studio dei Linfomi Trial. *J Clin Oncol* 2009;27:805-11.

Santarsieri A, Sturgess K, Brice P, et al. Procarbazine-free escalated Beacopdac in frontline therapy of advanced Hodgkin lymphoma reduces red cell transfusion requirements and may shorten time to menstrual period recovery compared to escalated Beacopp and appears to be as efficacious. *Blood* 2019;134(Supplement 1):1564.

Sieber M et al. 14-day variant of the bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone regimen in advanced-stage Hodgkin's lymphoma: results of a pilot study of the German Hodgkin's Lymphoma Study Group. *J Clin Oncol*. 2003 May 1;21(9):1734-9.

August 2023 new ST-QBP regimen

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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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