

Regimen Monograph

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A - Regimen Name

BEACOPDAC(ESC) Regimen

Bleomycin-Etoposide-Doxorubicin-Cyclophosphamide-Vincristine-Prednisone-Dacarbazine (Escalated)

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	35 mg /m ²	IV	Day 1
cyclophosphamide*	1250 mg /m ²	IV	Day 1
etoposide	200 mg /m ²	IV	Days 1 to 3
prednisone	40 mg /m ²	PO	Daily, on days 1-14
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.

* Consider use of mesna as per local protocols.

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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 and 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)	38.023 minutes
Nursing Workload (average time per visit)	48.104 minutes

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K - References

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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.

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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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that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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