

## Regimen Monograph

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## A - Regimen Name

**BrECADD Regimen****Brentuximab vedotin-Etoposide-Cyclophosphamide-Doxorubicin-Dacarbazine-Dexamethasone**

**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 newly diagnosed advanced stage Hodgkin lymphoma

**Supplementary Public Funding** **dexamethasone**  
ODB - General Benefit (dexamethasone) ([ODB Formulary](#))

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<a href="#">brentuximab vedotin</a>	1.8 mg /kg	IV (max 180 mg)	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
<a href="#">DOXOrubicin</a>	40 mg /m <sup>2</sup>	IV	Day 2
<a href="#">cyclophosphamide</a>	1250 mg /m <sup>2</sup>	IV	Day 2
<a href="#">etoposide</a>	150 mg /m <sup>2</sup>	IV	Days 2 to 4
<a href="#">dacarbazine</a>	250 mg /m <sup>2</sup>	IV	Days 3 to 4
<b>dexamethasone</b>	40 mg	PO	Days 2 to 5

Primary G-CSF prophylaxis for was used in the clinical trial.

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For a usual total of 4 to 6 cycles

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**Antiemetic Regimen:** Low (Day 1)  
Moderate (Days 2 to 5)

**Other Supportive Care:**

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

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

**Brentuximab premedication (Prophylaxis for Infusion Reactions):**

- Routine pre-medication is not recommended.
- May consider pre-medication with acetaminophen, H1-receptor antagonist and corticosteroid if an IR has occurred in the past.

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Approximate Patient Visit	1 to 2 hours
Pharmacy Workload (average time per visit)	35.123 minutes
Nursing Workload (average time per visit)	45.604 minutes

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Borchmann P, Ferdinandus J, Schneider G, et al. Assessing the efficacy and tolerability of PET-guided BrECADD versus eBEACOPP in advanced-stage, classical Hodgkin lymphoma (HD21): a randomised, multicentre, parallel, open-label, phase 3 trial. Lancet 2024 Jul 27;404(10450):341-52. doi: 10.1016/S0140-6736(24)01315-1.

Eichenauer DA, Plütschow A, Kreissl S, et al. Incorporation of brentuximab vedotin into first-line treatment of advanced classical Hodgkin's lymphoma: final analysis of a phase 2 randomised trial by the German Hodgkin Study Group. Lancet Oncol 2017 Dec;18(12):1680-1687. doi: 10.1016/S1470-2045(17)30696-4.

**May 2025** new ST-QBP regimen

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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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