Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Administrative Information | References | Disclaimer

A - Regimen Name

CEOP+RITU Regimen

Cyclophosphamide-Etoposide-Vincristine-Prednisone-Rituximab

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High Grade Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Intent	Curative Palliative
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 DLBCL in patients who have a contraindication to anthracyclines.
Supplementary Public Funding	**etoposide** ODB - General Benefit (etoposide - oral capsules) (ODB Formulary)

prednisone
ODB - General Benefit (prednisone) (ODB Formulary)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Cycle 1: All patients must receive their first dose of rituximab by IV infusion.

riTUXimab	375 mg /m²	IV	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1
etoposide	50 mg /m²	IV	Day 1
then,			
etoposide	100 mg /m²	PO	Days 2 to 3

(Outpatient prescription in 50 mg capsules)

vinCRIStine	1.4 mg /m²	IV (maximum 2 mg)	Day 1
prednisone*	100 mg	PO	Days 1 to 5

(Outpatient prescription in 50 mg tablets)

Cycle 2 and onwards (For a usual total of 3-6 cycles including initial IV rituximab cycle(s))

Rituximab IV:

riTUXimab	375 mg /m²	IV	Day 1

OR

Rituximab (subcut):
The subcutaneous formulation must only be given at the second or subsequent cycles, if the patient has previously received at least one full rituximab IV dose.

riTUXimab (subcut)	1400 mg	Subcut	Day 1

Plus CEOP chemotherapy

cyclophosphamide	750 mg /m²	IV	Day 1
etoposide	50 mg /m²	IV	Day 1

then,

etoposide	100 mg /m²	PO	Days 2 to 3
vinCRIStine	1.4 mg /m²	IV (maximum 2 mg)	Day 1
prednisone*	100 mg	PO	Days 1 to 5

*On Day 1 to be given as part of premedication before riTUXimab

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C - Cycle Frequency

REPEAT EVERY 21 DAYS for a usual total of 3-6 cycles unless disease progression or unacceptable toxicity occurs.

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J - Administrative Information

Approximate Patient Visit	First cycle: 6.5 hours; subsequent cycles: 2.5 to 5.5 hours
Pharmacy Workload (average time per visit)	46.626 minutes
Nursing Workload (average time per visit)	84.167 minutes

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K - References

Lugtenburg P, Avivi I, Berenschot H et al. Efficacy and safety of subcutaneous and intravenous rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone in first-line diffuse large B-cell lymphoma: the randomized MabEase study. Haematologica. 2017;102(11):1913-1922.

Moccia AA, Schall K, Hoskins P, et al. R-CHOP with Etoposide Substituted for Doxorubicin (R-CEOP): Excellent Outcome in Diffuse Large B Cell Lymphoma for Patients with a Contraindication to Anthracyclines (abstract). ASH 2009; abstract 408.

Rummel M, Kim TM, Aversa F et al. Preference for subcutaneous or intravenous administration of rituximab among patients with untreated CD20+ diffuse large B-cell lymphoma or follicular lymphoma: results from a prospective, randomized, open-label, crossover study (PrefMab). Ann Oncol. 2017;28(4):836-842.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

August 2020 Updated NDFP forms and interchangeability information in Drug Regimen section

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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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