

Regimen Monograph

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A - Regimen Name

CEOP Regimen

Cyclophosphamide-Etoposide-Vincristine-Prednisone

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High Grade Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Intent	Curative Palliative
Regimen Category	<p>Evidence-informed :</p> <p>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.</p> <p>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.</p>
Rationale and Uses	For treatment of DLBCL in patients with a contraindication to anthracyclines.
Supplementary Public Funding	<p>etoposide ODB - General Benefit (etoposide - oral capsules)</p> <p>prednisone ODB - General Benefit (prednisone)</p>

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cyclophosphamide	750 mg /m ²	IV	Day 1
etoposide	50 mg /m ²	IV	Day 1
etoposide	100 mg /m ²	PO	Days 2 to 3
(Available as 50 mg capsules)			
vinCRISTine	1.4 mg /m ²	IV	Day 1
(Maximum 2 mg)			
prednisone	100 mg	PO	Days 1 to 5
(Available as 50 mg tablets)			

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For a usual total of 3 to 6 cycles unless disease progression or unacceptable toxicity occurs

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Pharmacy Workload (average time per visit) 36.18 minutes

Nursing Workload (average time per visit) 46.667 minutes

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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.

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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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