Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CEPP(B) Regimen

cyclophosphamide-etoposide-procarbazine-procarbazine-bleomycin

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.

Supplementary Public Funding

etoposide
ODB - General Benefit (etoposide - oral capsules) (ODB Formulary)

procarbazine
ODB - General Benefit (procarbazine) (ODB Formulary)

prednisone

ODB - General Benefit (prednisone) (ODB Formulary)

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B - Drug Regimen

cyclophosphamide	600 to 750 mg /m²	IV	Days 1 and 8
etoposide	70 mg /m²	IV	Days 1 to 3

Alternative etoposide schedule:

etoposide 70 mg/m^2 IV day 1, followed by 140 mg/m^2 PO days 2 and 3

procarbazine	60 mg /m²	PO	Days 1 to 10
prednisone	60 mg /m²	PO	Days 1 to 10
bleomycin	15 units /m²	IV	Days 1 and 15

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	Day 1: 2 hours; Day 8: 1 hour; Day 15: 0.5 hour
Pharmacy Workload (average time per visit)	18.523 minutes
Nursing Workload (average time per visit)	43.317 minutes

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K - References

Chao NJ, Rosenberg SA, Horning SJ. CEPP- an effective and well-tolerated regimen in poor risk aggressive non-Hodgkin's lymphoma. Blood, 1990; 76: 1293-1298

May 2019 Updated emetic risk category

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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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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.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare

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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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