

Regimen Monograph

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A - Regimen Name

CEP Regimen

CCNU (Lomustine)-Chlorambucil-Etoposide-Prednisone

Disease Site Hematologic - Lymphoma - Hodgkin
Salvage Therapy

Intent 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 For second-line treatment of relapsed Hodgkin's lymphoma (an option for patient in whom anthracyclines are contraindicated).

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

etoposide

ODB - General Benefit (etoposide - oral capsules) ([ODB Formulary](#))

prednisone

ODB - General Benefit (prednisone) ([ODB Formulary](#))

chlorambucil

ODB - General Benefit (chlorambucil) ([ODB Formulary](#))

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B - Drug Regimen**Iomustine**80 mg /m²

PO

Day 1

(maximum 160 mg)

(Outpatient prescription in multiples of 10mg, 40mg & 100mg capsules)

etoposide100 mg /m²/day

PO

Days 1 to 5 (>65yrs);
Days 1 to 7 (<65yrs)

(Outpatient prescription in multiples of 50mg capsules)

prednisone

100 mg

PO

Daily - Days 1 to 7

(Outpatient prescription in multiples of 50mg tablets)

chlorambucil15 mg /m²/day

PO

Days 1 to 4

(maximum 30 mg/day)

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C - Cycle Frequency**REPEAT EVERY 42 DAYS**

Until disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate – Consider prophylaxis daily

Other Supportive Care:

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

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Lomustine, etoposide, chlormbucil drug monographs, Cancer Care Ontario.

Proctor SJ, Lennard AL, Jackson GH, et al. The role of an all-oral chemotherapy containing lomustine (CCNU) in advanced,fs progressive Hodgkin lymphoma: a patient-friendly palliative option which can result in long-term disease control. Ann Oncol 2010 Feb;21(2):426-8.

Lennard AL, Carey PJ, Jackson GH, et al. An effective oral combination in advanced relapsed Hodgkin's disease prednisolone, etoposide, chlorambucil and CCNU. Cancer Chemother Pharmacol 1990;26(4):301-5.

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,

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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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