Regimen Monograph

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

A - Regimen Name

CHLO+OBIN Regimen

Chlorambucil-oBINutuzumab

Disease Site Hematologic - Lymphoma - Non-Hodgkin's Low Grade

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 the treatment of patients with follicular lymphoma† whose disease is refractory* to a rituximab-containing regimen and has a good performance status

† indolent lymphoma histologies other than follicular lymphoma (excluding CLL and mantle cell lymphoma) may be eligible for obinutuzumab funding (refer to NDFP form)
* no response to OR progression during or within 6 months after rituximab or a rituximab-containing regimen

Supplementary Public Funding

oBINutuzumab
New Drug Funding Program (Obinutuzumab - In Combination with Chemotherapy for Refractory Follicular Lymphoma)

chlorambucil
ODB - General Benefit (chlorambucil)

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B - Drug Regimen

CHLO+OBIN (induction)

Cycle 1:

oBINutuzumab	1000 mg	IV	Days 1, 8 and 15
chlorambucil	6 mg /m²	PO	Days 1 to 14

Cycles 2 to 6:

oBINutuzumab	1000 mg	IV	Day 1
chlorambucil	6 mg /m²	PO	Days 1 to 14

For obinutuzumab maintenance use, report as regimen OBIN(MNT) after CHLO+OBIN induction.

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C - Cycle Frequency

Induction: REPEAT EVERY 28 DAYS for up to 6 cycles unless disease progression or unacceptable toxicity (see NDFP form)

For patients who responded to induction therapy, refer to maintenance obinutuzumab regimen - OBIN(MNT).

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J - Administrative Information

Outpatient prescription for home administration (chlorambucil)

Approximate Patient Visit	CLL: 5 hours; FL: 3 hours
Pharmacy Workload (average time per visit)	18.249 minutes
Nursing Workload (average time per visit)	74.833 minutes

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K - References

Bauwens D, Maerevoet M, Michaux L, et al. Activity and safety of combined rituximab with chlorambucil in patients with mantle cell lymphoma. Br J Haematol. 2005 Nov;131(3):338-40.

Cheson BD, Chua N, Mayer J, et al. Overall survival benefit in patients with rituximab-refractory indolent non-Hodgkin lymphoma who received obinutuzumab plus bendamustine induction and obinutuzumab maintenance in the GADOLIN study. J Clin Oncol. 2018 Aug 1;36(22):2259-66.

Laszlo D, Rabascio C, Andreola G, et al. Chlorambucil-rituximab as first-line combination therapy in follicular non-Hodgkin's lymphoma: a clinical and biological analysis. Leukemia & Lymphoma 2007; 48(2): 437–8.

Martinelli G, Laszlo D, Bertolini F, et al. Chlorambucil in combination with induction and maintenance rituximab is feasible and active in indolent non-Hodgkin's lymphoma. Br J Haematol 2003; 123(2): 271-7.

Radford J, Davies A, Cartron G, et al. Obinutuzumab (GA101) plus CHOP or FC in relapsed/refractory follicular lymphoma: results of the GAUDI study (BO21000). Blood. 2013 Aug 15;122(7):1137-43.

December 2018 edited NDFP form title

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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 providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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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