Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CHLVPP Regimen

Chlorambucil-VinBLAStine-Procarbazine-Prednisone

Disease Site	Hematologic - Lymphoma - Hodgkin
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.
Rationale and Uses	For the treatment of Hodgkin's lymphoma.
Supplementary Public Funding	**chlorambucil** ODB - General Benefit (chlorambucil) (ODB Formulary) **procarbazine** ODB - General Benefit (procarbazine) (ODB Formulary) **prednisone** ODB - General Benefit (prednisone) (ODB Formulary)

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B - Drug Regimen

chlorambucil	6 mg /m²	PO (not exceeding 10mg/day)	For 14 days
(Outpatient prescription in multiples of 2 mg tablets)			
vinBLAStine	6 mg /m²	IV	Day 1 and Day 8
procarbazine	100 mg /m²	PO	For 14 days
(Outpatient prescription in multiples of 50 mg capsules)			
prednisone	40 mg	PO	For 14 days
(Outpatient prescription in multiples of 5 mg and 50 mg tablets)			

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For a Usual Total of 4 to 8 Cycles

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal
Consider prophylaxis daily for procarbazine

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematologic Toxicities

See Appendix 6 for general recommendations. Procarbazine should be held if myelosuppression develops; restart after recovery with a reduced dose.

Dosage with Toxicity (GI/CNS)

Cessation of Procarbazine is recommended if any one of the following occurs: CNS signs or symptoms such as paresthesias,neuropathies or confusions, first signs of stomatitis and diarrhea; recommended to restart after recovery with a reduced dose.

Hepatic Impairment

Bilirubin (µmol/L)	% usual dose
1-2.5 x ULN	**Reduce** Vinblastine to **50%** dose
2-3 x ULN	**Reduce** Vinblastine to **25%** dose and consider reduction of Procarbazine dose (Recommended actions)

Consider dose reduction of Chlorambucil if LFTs elevated (eg. Bilirubin or AST). (Suggested action)

Renal Impairment

Consider dose reduction of Procarbazine if renal function is reduced. (Suggested action)

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F - Adverse Effects

Refer to chlorambucil, vinBLAStine, procarbazine, prednisone drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Abdominal pain • Alopecia • Constipation, diarrhea • Dysguesia • Flu-like symptoms • Myelosuppression +/- bleeding, infection • Nausea, vomiting • Mucositis • Rash • Peripheral neuropathy • Steroid effects (gastric irritation, hyperglycemia, mood changes, insomnia)	• ↑ LFTs • Arterial thromboembolism • Venous thromboembolism • Hypersensitivity • Secondary malignancy • Pancreatitis • Pneumonitis • Seizure • Tumour lysis syndrome

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G - Interactions

Refer to chlorambucil, vinBLAStine, procarbazine, prednisone drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to chlorambucil, vinBLAStine, procarbazine, prednisone drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC; baseline and before each cycle. Interim counts should be done in first cycle and repeated if dose modifications necessary.
- Blood glucose testing; baseline and at each visit
- Pulmonary function tests; baseline and as clinically indicated. Intermittent chest x ray.
- Liver and renal function tests (including electrolytes and magnesium), and urinalysis; baseline and before each cycle
- Clinical toxicity assessment (including local toxicity, constipation, neurotoxicity, and pulmonary toxicity); at each visit

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

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J - Administrative Information

Outpatient prescription for home administration (oral agents)

Approximate Patient Visit	Day 1 and 8: 0.5 hour
Pharmacy Workload (average time per visit)	15.346 minutes
Nursing Workload (average time per visit)	35 minutes

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K - References

Chlorambucil, vinblastine and procarbazine drug monographs, Cancer Care Ontario.

McElwain TJ, Toy J, Smith E et al.A combination of chlorambucil, vinblastine, procarbazine and prednisolone for treatment of Hodgkin's disease. Br J Cancer 1977 Aug;36(2):276-80

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.

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.

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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