Regimen Monograph

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

A - Regimen Name

CHOEP+RITU Regimen

Cyclophosphamide-Hydroxyldaunorubicin (DOXOrubicin)-ONCOVIN ® (VinCRIStine)-Etoposide-Prednisone-Rituximab

Disease Site
Hematologic - Lymphoma - Non-Hodgkin's High Grade
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade

Intent
Curative

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
prednisone
ODB - General Benefit (prednisone) (ODB Formulary)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma)

riTUXimab (subcut)

New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

etoposide
ODB - General Benefit (etoposide - oral capsules)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Cycle 1: All patients must receive their first dose of rituximab by IV infusion.

prednisone	100 mg	PO daily	Days 1 to 5*

*(On Day 1 to be given as part of premedication before riTUXimab)

riTUXimab	375 mg /m²	IV	Day 1
DOXOrubicin	50 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1
etoposide	100 mg /m²	IV	Day 1

THEN,

etoposide	200 mg /m²	PO daily	Days 2 to 3

Cycle 2 and onwards (For a usual total of 6-8 cycles including initial IV rituximab cycle(s))

Rituximab IV:

riTUXimab	375 mg /m²	IV	Day 1

OR

Rituximab (subcut):
The subcutaneous formulation must only be given at the second or subsequent cycles, if the patient has previously received at least one full rituximab IV dose.

riTUXimab (subcut)	1400 mg	Subcut	Day 1

Plus CHOEP chemotherapy

prednisone	100 mg	PO daily	Days 1 to 5*

*(On Day 1 to be given as part of premedication before riTUXimab)

DOXOrubicin	50 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1
etoposide	100 mg /m²	IV	Day 1

THEN,

etoposide	200 mg /m²	PO daily	Days 2 to 3

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 6 to 8 cycles unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Approximate Patient Visit	First cycle: 6.5 hours; subsequent cycles: 2.5 to 5.5 hours
Pharmacy Workload (average time per visit)	52.541 minutes
Nursing Workload (average time per visit)	94.167 minutes

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K - References

Pfreundschuh M, Trümper L, Kloess M, et al; German High-Grade Non-Hodgkin's Lymphoma Study Group. Two-weekly or 3-weekly CHOP chemotherapy with or without etoposide for the treatment of elderly patients with aggressive lymphomas: results of the NHL-B2 trial of the DSHNHL. Blood. 2004;104(3):634-41.

Pfreundschuh M, Trümper L, Kloess M, et al. Two-weekly or 3-weekly CHOP chemotherapy with or without etoposide for the treatment of young patients with good-prognosis (normal LDH) aggressive lymphomas: results of the NHL-B1 trial of the DSHNHL. Blood. 2004;104(3):626-33.

Pfreundschuh M, Kuhnt E, Trümper L, et al. CHOP-like chemotherapy with or without rituximab in young patients with good-prognosis diffuse large-B-cell lymphoma: 6-year results of an open-label randomised study of the MabThera International Trial (MInT) Group. Lancet Oncol 2011;12(11):1013-22.

Lugtenburg P, Avivi I, Berenschot H et al. Efficacy and safety of subcutaneous and intravenous rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone in first-line diffuse large B-cell lymphoma: the randomized MabEase study. Haematologica. 2017;102(11):1913-1922.

Rummel M, Kim TM, Aversa F et al. Preference for subcutaneous or intravenous administration of rituximab among patients with untreated CD20+ diffuse large B-cell lymphoma or follicular lymphoma: results from a prospective, randomized, open-label, crossover study (PrefMab). Ann Oncol. 2017;28(4):836-842.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

February 2021 Updated pharmacy and nursing workloads

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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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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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