

Regimen Monograph

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A - Regimen Name

CHOEP Regimen

Cyclophosphamide-Hydroxydaunorubicin (DOXOrubicin)-ONCOVIN® (VinCRISTine)-Etoposide-Prednisone

Disease Site Hematologic - Lymphoma - Non-Hodgkin's High Grade
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Hematologic - Lymphoma - T-cell

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)

etoposide
ODB - General Benefit (etoposide - oral capsules)

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prednisone (Outpatient prescription in multiples of 50mg tablets)	100 mg	PO daily	Days 1 to 5
DOXOrubicin	50 mg /m ²	IV	Day 1
vinCRISTine	1.4 mg /m ²	IV (maximum 2 mg)	Day 1
cyclophosphamide	750 mg /m ²	IV	Day 1
etoposide THEN,	100 mg /m ²	IV	Day 1
etoposide (Outpatient prescription in multiples of 50mg capsules)	200 mg /m ²	PO	Days 2 to 3

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

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Approximate Patient Visit	2.5 to 3 hours
Pharmacy Workload (average time per visit)	42.095 minutes
Nursing Workload (average time per visit)	56.667 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.

Schmitz N, Trümper L, Ziepert M, et al. Treatment and prognosis of mature T-cell and NK-cell lymphoma: an analysis of patients with T-cell lymphoma treated in studies of the German High-Grade Non-Hodgkin Lymphoma Study Group. *Blood*. 2010;116(18):3418–3425.

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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