

**Regimen Monograph**

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

**A - Regimen Name**

# CHOP14+R Regimen

Cyclophosphamide-Hydroxydaunorubicin (DOXOrubicin)-ONCOVIN® (VinCRISTine)-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)**

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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)

[back to top](#)

## B - Drug Regimen

**Note:** Different rituximab products are NOT INTERCHANGEABLE.

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

<b>prednisone</b>	100 mg	PO daily	Days 1 to 5*
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\*(On Day 1 to be given as part of premedication before riTUXimab)

<b><u>riTUXimab</u></b>	375 mg /m <sup>2</sup>	IV	Day 1
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<b><u>vinCRISTine</u></b>	1.4 mg /m <sup>2</sup>	IV (max 2 mg)	Day 1
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<b><u>DOXOrubicin</u></b>	50 mg /m <sup>2</sup>	IV	Day 1
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<b><u>cyclophosphamide</u></b>	750 mg /m <sup>2</sup>	IV	Day 1
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**Cycle 2 and onwards** (up to 6 cycles CHOP14+R in total, including initial IV rituximab cycle(s)):

**Rituximab IV:**

<b><u>riTUXimab</u></b>	375 mg /m <sup>2</sup>	IV	Day 1
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**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.**

<u>riTUXimab (subcut)</u>	1400 mg	Subcut	Day 1
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**Plus CHOP chemotherapy**

<b>prednisone</b>	100 mg	PO daily	Days 1 to 5*
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\*(On Day 1 to be given as part of premedication before riTUXimab)

<u>vinCRISTine</u>	1.4 mg /m <sup>2</sup>	IV (max 2 mg)	Day 1
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<u>DOXOrubicin</u>	50 mg /m <sup>2</sup>	IV	Day 1
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<u>cyclophosphamide</u>	750 mg /m <sup>2</sup>	IV	Day 1
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[back to top](#)

**C - Cycle Frequency****REPEAT EVERY 14 DAYS**

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

[back to top](#)

**J - Administrative Information**

Approximate Patient Visit                              First cycle: 6 hours; subsequent cycles: 2 to 5 hours

Pharmacy Workload (average time per visit) 46.499 minutes

Nursing Workload (average time per visit) 89.833 minutes

[back to top](#)

**K - References**

Gang AO, Strøm C, Pedersen M, et al. R-CHOEP-14 improves overall survival in young high-risk patients with diffuse large B-cell lymphoma compared with R-CHOP-14. A population-based investigation from the Danish Lymphoma Group. Ann Oncol. 2012 Jan;23(1):147-53.

Pfreundschuh M, Schubert J, Ziepert M, et al; German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL). Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+ B-cell lymphomas: a randomised controlled trial (RICOVER-60). *Lancet Oncol.* 2008 Feb;9(2):105-16.

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](#)

**August 2020** Updated NDFP forms and interchangeability information in Drug Regimen section

[back to top](#)

### **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,

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[back to top](#)