Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CHOP+IR-DHAP+R Regimen

Cyclophosphamide-Doxorubicin-Vincristine-Prednisone-Ibrutinib-Rituximab Alternating with Dexamethasone-Cytarabine-Cisplatin-Rituximab

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Low Grade

(Mantle cell lymphoma)

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

Treatment of preivously untreated mantle cell lymphoma

Supplementary

riTUXimab

Public Funding	New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) (NDFP Website) **riTUXimab (subcut)** New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) **dexamethasone** ODB - General Benefit (dexamethasone)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Alternating Treatment: CHOP+IR alternating with DHAP+R for a total of 6 cycles

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

CHOP+IR Cycle:

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 chemotherapy:

prednisone	100 mg	PO daily	Days 1 to 5*

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

vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Day 1

DOXOrubicin	50 mg /m²	IV	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1
iBRUtinib	560 mg	PO	Days 1 to 19

(This drug is not currently publicly funded for this regimen and intent)

DHAP+R Cycle (adapted for outpatient administration):

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 chemotherapy:

CISplatin	100 mg /m²	IV	Day 1
cytarabine	2000 mg /m²	IV	q12h on Day 2 (total 2 doses)
dexamethasone	40 mg	PO	Daily, Days 1 to 4*

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

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

CHOP+IR alternating with DHAP+R for a total of 6 cycles,

followed by ibrutinib maintenance (IBRU(MNT))

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (CHOP+IR)
High (DHAP+R)
Minimal – No routine prophylaxis; PRN recommended (ibrutinib)

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Rituximab premedication (prophylaxis for infusion reactions):

Administer at least 30 minutes prior to rituximab:

- Oral antipyretic (e.g. acetaminophen)
- H1-receptor antagonist (e.g. diphenhydramine)
- Give day 1 prednisone as part of pre-medication before rituximab
- In patients receiving **subcut rituximab** who experienced adverse effects with pre-medications, the omission of pre-medications can be considered.

Other Supportive Care:

- If high volume disease, consider prophylaxis for tumour lysis.
- Consider prophylaxis for patients at an increased risk for opportunistic infections.
- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

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J - Administrative Information

Approximate Patient Visit	CHOP+IR: 2 to 5 hours; DHAP+R: Inpatient regimen; some centres have modified this regimen for outpatient treatment
Pharmacy Workload (average time per visit)	39.115 minutes
Nursing Workload (average time per visit)	73.375 minutes

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K - References

Cisplatin drug monograph. Ontario Health (Cancer Care Ontario).

Ibrutinib drug monograph. Ontario Health (Cancer Care Ontario).

Dreyling M, Doorduijn J, Giné E, et al. Ibrutinib combined with immunochemotherapy with or without autologous stem-cell transplantation versus immunochemotherapy and autologous stem-cell transplantation in previously untreated patients with mantle cell lymphoma (TRIANGLE): a three-arm, randomised, open-label, phase 3 superiority trial of the European Mantle Cell Lymphoma Network. Lancet. 2024 May 25;403(10441):2293-2306. doi: 10.1016/S0140-6736(24)00184-3.

Rituximab drug monograph. Ontario Health (Cancer Care Ontario).

May 2025 new ST-QBP regimen

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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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