Regimen Monograph

A - Regimen Name

CHOP+R-DHAP+R Regimen

Disease Site Hematologic - Lymphoma - Non-Hodgkin's Low Grade

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 For treatment of mantle cell lymphoma prior to ASCT.

Supplementary Public Funding

riTUXimab
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.

Sequential Treatment: CHOP+R for 3 Cycles followed by DHAP+R for 3 cycles

Alternating Treatment: CHOP+R 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+R:

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 CHOP 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

DHAP+R (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 DHAP 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

For Sequential Treatment:

CHOP+R: REPEAT EVERY 21 DAYS

DHAP+R: REPEAT EVERY 21 to 28 DAYS

For Alternating Treatment:

CHOP+R alternating with DHAP+R: REPEAT EVERY 21 DAYS

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (CHOP)
High (DHAP)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	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

Davies A, Merli F, Mihaljević B, et al. Efficacy and safety of subcutaneous rituximab versus intravenous rituximab for first-line treatment of follicular lymphoma (SABRINA): a randomised, open-label, phase 3 trial. Lancet Haematol. 2017 Jun;4(6):e272-e282.

Delanue R, Haioun C, Ribrag V et al. CHOP and DHAP plus rituximab followed by autologous stem cell transplantation in mantle cell lymphoma: a phase 2 study from the Groupe d'Etude des Lymphomes de l'Adulte. 2013 Blood;121(1):48-53.

Hermine O, Hoster E, Walewski J, et al. Addition of high-dose cytarabine to immunochemotherapy before autologous stem-cell transplantation in patients aged 65 years or younger with mantle cell lymphoma (MCL Younger): a randomized, open-label, phase 3 trial of the European Mnatle Cell Lymphoma Network. Lancet. 2016;388:565-75.

Lefrere F, Delmer A, Suzan F, et al. Sequential chemotherapy by CHOP and DHAP regimens followed by high-dose therapy with stem cell transplantation induces a high rate of complete response and improves event-free survival in mantle cell lymphoma: a prospective study. 2002 Leukemia 16:587-593.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

- First-Line Therapy, ASCT, and Post-Transplant Maintenance in the Management of Patients Newly Diagnosed with Mantle Cell Lymphoma

September 2020 Added PEBC guideline

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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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