

Regimen Monograph

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A - Regimen Name

CHOP Regimen

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

Disease Site Hematologic - Rare Diseases
Sarcoma
(Histiocytic)

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 histiocytic sarcoma

Supplementary prednisone

Public Funding ODB - General Benefit (prednisone) ([ODB Formulary](#))

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B - Drug Regimen

prednisone	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

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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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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

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J - Administrative Information

Approximate Patient Visit	1.5 to 2 hours
Pharmacy Workload (average time per visit)	36.054 minutes
Nursing Workload (average time per visit)	51.667 minutes

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K - References

Gounder M, Desai V, Kuk D, et al. Impact of surgery, radiation and systemic therapy on the outcomes of patients with dendritic cell and histiocytic sarcomas. *Eur J Cancer*. 2015;51(16):2413-2422.

June 2019 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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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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