

## Regimen Monograph

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## A - Regimen Name

# CHOP Regimen

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

**Disease Site** 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.

**Rationale and Uses** For treatment of NK/T-cell lymphoma in patients that are not candidates for autologous stem cell transplant (ASCT)

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

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prednisone (Outpatient prescription in multiples of 50mg tablets)	100 mg	PO daily	Days 1 to 5
<a href="#">DOXOrubicin</a>	50 mg /m <sup>2</sup>	IV	Day 1
<a href="#">vinCRiStine</a>	1.4 mg /m <sup>2</sup>	IV (maximum 2 mg)	Day 1
<a href="#">cyclophosphamide</a>	750 mg /m <sup>2</sup>	IV	Day 1

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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	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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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.

**May 2018** Added CHOP for T-cell lymphoma in the curative setting.

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## 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.*

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