Regimen Monograph

A - Regimen Name

CHP+POLA+RITU Regimen

Cyclpophosphamide-Doxorubicin-Prednisone-Polatuzumab vedotin-riTUXimab

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Intermediate 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

Therapy for previously untreated patients with CD20-positive diffuse large B-cell lymphoma (DLBCL). A meta-analysis showed that CHP+POLA+RITU (compared to CHOP+R) had improved progresson-free survival for patients with activated B-cell (ABC)-type DLBCL.

Supplementary Public Funding

prednisone
ODB - General Benefit (prednisone) (ODB Formulary)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma) (NDFP Website)

back to top

B - Drug Regimen

Cycles 1 to 6:

prednisone*	100 mg	PO	Days 1 to 5
riTUXimab	375 mg /m²	IV	Day 1
polatuzumab vedotin	1.8 mg /kg	IV	Day 1

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

DOXOrubicin	50 mg /m²	IV	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1

*Polatuzumab vedotin, rituximab, cyclophosphamide, and doxorubicin can be administered in any order on Day 1 after the administration of prednisone.

In the clinical trial, **G-CSF** use was required during the first 6 cycles of treatment for primary prophylaxis against neutropenia.

Cycles 7 and 8: Rituximab monotherapy

riTUXimab	375 mg /m²	IV	Day 1

back to top

C - Cycle Frequency

REPEAT EVERY 21 DAYS

CHP+POLA+RITU: For up to 6 cycles

Rituximab monotherapy: Repeat for up to 2 cycles after completion of CHP+POLA+RITU

Unless disease progression or unacceptable toxicity

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

- 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.

Pre-medication (prophylaxis for infusion reactions):

Rituximab:
Administer the following at least 30 minutes prior to rituximab:

- Oral antipyretic (e.g. acetaminophen)
- H1-receptor antagonist / antihistamine (e.g. diphenhydramine)

Polatuzumab vedotin:
If not already pre-medicated, administer an antihistamine and anti-pyretic at least 30 to 60 minutes prior to polatuzumab vedotin administration.

Other supportive care:

- Prophylaxis for tumour lysis (high bulk disease)
- Consider anti-infective prophylaxis. (e.g., PJP, herpes virus)
- Consider prophylactic G-CSF administration for neutropenia.

back to top

J - Administrative Information

Approximate Patient Visit	4 to 5 hours
Pharmacy Workload (average time per visit)	43.76 minutes
Nursing Workload (average time per visit)	76.5 minutes

back to top

K - References

Cyclophosphamide Drug Monograph, Ontario Health (Cancer Care Ontario).

Doxorubicin Drug Monograph, Ontario Health (Cancer Care Ontario).

Polatuzumab Vedotin Drug Monograph, Ontario Health (Cancer Care Ontario).

Rituximab Drug Monograph, Ontario Health (Cancer Care Ontario).

Sheng Z, Li D, Chen B, et al. Superiority of polatuzumab vedotin over other novel agents in previously untreated ABC-type diffuse large B-cell lymphoma: a network meta-analysis of 20 RCTs. Ann Hematol 2023 May;102(5):1011-1017. doi: 10.1007/s00277-023-05161-1.

Tilly H, Morschhauser F, Sehn LH, et al. Polatuzumab vedotin in previously untreated diffuse large B-cell lymphoma. N Engl J Med 2022;386(4):351-63. doi: 10.1056/NEJMoa2115304.

May 2025 new ST-QBP regimen

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.

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.

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, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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.

While care has been taken in the preparation of the information contained in the Formulary, 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.

CCO and the Formulary’s content providers shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the Formulary.

back to top