

Regimen Monograph

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A - Regimen Name

CODOXM Regimen

Cyclophosphamide-Cytarabine-Vincristine-Methotrexate-Leucovorin-Doxorubicin

Disease Site Hematologic - Lymphoma - Non-Hodgkin's High Grade (Burkitt's Lymphoma)

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.

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B - Drug Regimen

Adapted for **outpatient** administration:

cyclophosphamide	800 mg /m ²	IV	Day 1
DOXOrubicin	40 mg /m ²	IV	Day 1
vinCRISTine	1.5 mg /m ²	IV (maximum 2 mg)	Days 1 and 8
cytarabine	70 mg	IT	Days 1 and 3
cyclophosphamide	200 mg /m ²	IV	Days 2 to 5
methotrexate	12 mg	IT	Day 15

High-dose methotrexate (day 10) and leucovorin (start day 11) are given as **inpatient**.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

The MAGRATH regimen comprises of CODOX-M ± IVAC.

Three cycles of CODOX-M are used for low-risk patients.

Four cycles of alternating CODOX-M and IVAC (total of 2 cycles of CODOX-M and 2 cycles of IVAC) are used for high-risk patients.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (D1-5)
Minimal (D8, 15)

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Pharmacy Workload (average time per visit) 41.054 minutes

Nursing Workload (average time per visit) 51.667 minutes

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K - References

Barnes JA, Lacasce AS, Feng Y, et al. Evaluation of the addition of rituximab to CODOX-M/IVAC for Burkitt's lymphoma: a retrospective analysis. *Ann Oncol* 2011;22(8):1859-64.

Lacasce A, Li HS, Fisher D, et al. Modified Magrath regimens for adults with Burkitt and Burkitt-like lymphomas: preserved efficacy with decreased toxicity. *Leukemia & Lymphoma* 2004;45(4):761-7.

Magrath IT, Adde M, Shad A et al. Adults and children with small non-cleaved-cell lymphoma have a similar excellent outcome when treated with the same chemotherapy regimen. *J Clin Oncol* 1996;14:925-34.

Magrath IT, Janus C, Edwards BK, et al. An effective therapy for both undifferentiated (including Burkitt's) lymphomas and lymphoblastic lymphomas in children and young adults. *Blood* 1984;63:1102-11.

Maruyama D, Watanabe T, Maeshima AM, et al. Modified cyclophosphamide, vincristine, doxorubicin, and methotrexate (CODOX-M)/ifosfamide, etoposide, and cytarabine (IVAC) therapy with or without rituximab in Japanese adult patients with Burkitt lymphoma (BL) and B cell lymphoma, unclassifiable, with features intermediate between diffuse large B cell lymphoma and BL. *Int J Hematol* 2010;92(5):732-43.

Mead GM, Sydes MR, Walewski J, et al. An international evaluation of CODOX-M and CODOX-M alternating with IVAC in adult Burkitt's lymphoma: results of United Kingdom Lymphoma Group LY06 study. *Ann Oncol* 2002;13(8):1264-74.

Mead GM, Barrans SL, Qian W, et al. A prospective clinicopathologic study of dose-modified CODOX-M/IVAC in patients with sporadic Burkitt lymphoma defined using cytogenetic and immunophenotypic criteria (MRC/NCRI LY10 trial). *Blood* 2008;112:2248-60.

Mohamedbhai SG, Sibson K, Marafioti T, et al. Rituximab in combination with CODOX-M/IVAC: a retrospective analysis of 23 cases of non-HIV related B-cell non-Hodgkin lymphoma with proliferation index >95%. *Br J Haematol* 2011;152(2):175-81.

Rituximab drug monograph, Cancer Care Ontario.

PEBC Advice Documents or Guidelines

- [Rituximab in Lymphoma and Chronic Lymphocytic Leukemia](#)

June 2019 Updated emetic risk category

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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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