

## Regimen Monograph

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## A - Regimen Name

# DDGP Regimen

## Pegylated asparaginase-Gemcitabine-Dexamethasone-CISplatin

**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** Treatment of extranodal natural killer/T-cell lymphoma (ENKTL)

**Supplementary Public Funding** [pegaspargase](#)  
New Drug Funding Program (Pegaspargase - Extranodal Natural Killer/T-cell Lymphoma)

**dexamethasone**

ODB - General Benefit (dexamethasone)

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<a href="#">pegaspargase</a>	2500 units /m <sup>2</sup>	IV / IM	Day 1
<a href="#">gemcitabine</a>	800 mg /m <sup>2</sup>	IV	Days 1 and 8
<a href="#">CISplatin</a>	20 mg /m <sup>2</sup>	IV	Days 1-4
<b>dexamethasone</b>	15 mg /m <sup>2</sup>	IV / PO	Days 1-5

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For a usual total of 6 cycles unless disease progression or unacceptable toxicity occurs

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**Antiemetic Regimen:** Moderate (D1-4)  
Low (D8)

**Febrile Neutropenia Risk:** High  
Primary prophylaxis with G-CSF is indicated. Refer to the [Febrile Neutropenia Guideline](#).

**Other Supportive Care:**

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

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## J - Administrative Information

Approximate Patient Visit	Day 1: 2-3 hours; Days 2-4: 1-2 hours; Day 8: 0.75 hours
Pharmacy Workload (average time per visit)	16.680 minutes
Nursing Workload (average time per visit)	48.417 minutes

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## K - References

Li X, Cui Y, Sun Z, et al. DDGP versus SMILE in newly diagnosed advanced natural killer/T-cell lymphoma: a randomized controlled, multicenter open-label study in China. *Clin Cancer Res* 2016;22:5223-8.

Wang X, Hu J, Dong M, et al. DDGP vs. SMILE in relapsed/refractory extranodal natural killer/t-cell lymphoma, nasal type: a retrospective study of 54 patients. *Clin Transl Sci* 2021 Jan;14(1):405-11. doi: 10.1111/cts.12893.

Zhang L, Jia S, Ma Y, et al. Efficacy and safety of cisplatin, dexamethasone, gemcitabine and pegaspargase (DDGP) regimen in newly diagnosed, advanced-stage extranodal natural killer/T-cell lymphoma: interim analysis of a phase 4 study NCT01501149. *Oncotarget*. 2016 Aug 23;7(34):55721-31. doi: 10.18632/oncotarget.10124.

**January 2022** Added Febrile neutropenia risk info

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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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