Regimen Monograph

A - Regimen Name

DHAP+RITU Regimen

dexamethasone - high dose Ara-C (Cytarabine) - Platinol® (CISplatin) - riTUXimab

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High Grade Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
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 relapsed aggressive histology CD20+ lymphoma with intent to proceed to autologous stem cell transplantation, in patients previously treated with rituximab-based chemoimmunotherapy (e.g., R-CHOP) for aggressive histology lymphoma and had a best response of at least partial response
Supplementary Public Funding	**riTUXimab** New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC -

Retreatment - Aggressive Histology Lymphoma) (NDFP Website)

dexamethasone
ODB - General Benefit (dexamethasone) (ODB Formulary)

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

back to top

B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Cycle 1: All patients must receive their first dose of rituximab by IV infusion.

dexamethasone*	40 mg	PO	Days 1 to 4

(Outpatient prescription in 4 mg tablets)

*(On Day 1 to be given as part of premedication before riTUXimab)

riTUXimab	375 mg /m²	IV	Day 1
CISplatin	100 mg /m²	IV	Day 1
cytarabine	2000 mg /m²	IV	Q12H on Day 2 (total 2 doses)

Cycle 2 and onwards [total of 2-3 cycles (refer to Cycle Frequency section), including initial IV rituximab cycle(s)]:

Rituximab IV:

riTUXimab	375 mg /m²	IV	Day 1

OR

Rituximab (subcut):
The subcutaneous formulation must only be given at the second or subsequent cycles, and only after at least one full rituximab IV dose.

riTUXimab (subcut)	1400 mg	Subcut	Day 1

Plus DHAP chemotherapy:

dexamethasone*	40 mg	PO	Days 1 to 4

*(On Day 1 to be given as part of premedication before riTUXimab)

CISplatin	100 mg /m²	IV	Day 1
cytarabine	2000 mg /m²	IV	Q12H on Day 2 (total 2 doses)

back to top

C - Cycle Frequency

REPEAT EVERY 21 TO 28 DAYS

After 2-3 cycles, responding patients may be considered for high-dose chemotherapy and autologous stem cell transplant.

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: High

Febrile Neutropenia Risk: High

Also refer to CCO GCSF Recommendations

Pre-medication (prophylaxis for infusion reactions)

Administer at least 30 minutes prior to **rituximab IV or subcut** :

- Oral antipyretic (e.g. acetaminophen)
- H1-receptor antagonist (e.g. diphenhydramine)
- In patients who experienced adverse effects with pre-medications, the omission of pre-medications can be considered for **subcut** rituximab.

Also refer to the CCO guideline for detailed description of Management of Cancer Medication-Related Infusion Reactions.

Also refer to CCO Antiemetic Recommendations.

back to top

J - Administrative Information

Approximate Patient Visit	Inpatient regimen; some centres have modified this regimen for outpatient treatment.

back to top

K - References

Crump M, Kuruvilla J, Couban S, et al. Randomized comparison of gemcitabine, dexamethasone, and cisplatin versus dexamethasone, cytarabine, and cisplatin chemotherapy before autologous stem-cell transplantation for relapsed and refractory aggressive lymphomas: NCIC-CTG LY.12. J Clin Oncol 2014 Nov 1;32(31):3490-6.

Lugtenburg P, Avivi I, Berenschot H et al. Efficacy and safety of subcutaneous and intravenous rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone in first-line diffuse large B-cell lymphoma: the randomized MabEase study. Haematologica. 2017;102(11):1913-1922.

Mey UJ, Olivieri A, Orlopp KS, et al. DHAP in combination with rituximab vs DHAP alone as salvage treatment for patients with relapsed or refractory diffuse large B-cell lymphoma: a matched-pair analysis. Leuk Lymphoma. 2006 Dec;47(12):2558-66.

Mey UJ, Orlopp KS, Flieger D, et al. Dexamethasone, high-dose cytarabine, and cisplatin in combination with rituximab as salvage treatment for patients with relapsed or refractory aggressive non-Hodgkin's lymphoma. Cancer Invest. 2006;24(6):593-600.

Rummel M, Kim TM, Aversa F et al. Preference for subcutaneous or intravenous administration of rituximab among patients with untreated CD20+ diffuse large B-cell lymphoma or follicular lymphoma: results from a prospective, randomized, open-label, crossover study (PrefMab). Ann Oncol. 2017;28(4):836-842.

Witzig TE, Geyer SM, Kurtin PJ, et al. Salvage chemotherapy with rituximab DHAP for relapsed non-Hodgkin lymphoma: a phase II trial in the North Central Cancer Treatment Group. Leuk Lymphoma 2008 Jun;49(6):1074-80.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

June 2020 new ST-QBP regimen; updated regimen code

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