Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | References | Disclaimer

A - Regimen Name

EPOCH+RITU Regimen

Etoposide-Prednisone-Vincristine-Cyclophosphamide-Doxorubicin-Rituximab

Disease Site

Hematologic - Lymphoma - Non-Hodgkin's High Grade
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Burkitt 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.

Supplementary Public Funding

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

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

prednisone
ODB - General Benefit (prednisone)

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

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Note: This is dose-adjusted EPOCH.
The following are doses for the first cycle. Doses are adjusted based on nadir ANC or platelet counts (refer to references).

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

riTUXimab[1]	375 mg /m²	IV	Day 1
etoposide	50 mg /m²/day	IV continuous IV	Days 1 to 4
vinCRIStine	0.4 mg /m²/day	IV continuous IV	Days 1 to 4
DOXOrubicin	10 mg /m²/day	IV continuous IV	Days 1 to 4
prednisone[2]	60 mg /m²	PO	Daily OR BID on Days 1 to 5
cyclophosphamide	750 mg /m²	IV	Day 5

Cycle 2 and onwards (For a usual total of 6-8 cycles including initial IV rituximab cycle(s))**:**

Rituximab IV:

riTUXimab[1]	375 mg /m²	IV	Day 1

OR

Rituximab (subcut):
The subcutaneous formulation must only be given at the second or subsequent cycles, if the patient has previously received at least one full rituximab IV dose.

riTUXimab (subcut)[1]	1400 mg	Subcut	Day 1

Plus EPOCH Chemotherapy: Doses are adjusted based on nadir ANC or platelet counts (refer to references).

(1) Give rituximab before EPOCH
(2) On Day 1 to be given as part of premedication before riTUXimab

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 6-8 cycles unless disease progression or unacceptable toxicity occurs

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K - References

Dunleavy K, Pittaluga S, Maeda LS, et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma. N Engl J Med 2013;368:1408-16.

Jermann M, Jost LM, Taverna Ch, et al. Rituximab-EPOCH, an effective salvage therapy for relapsed, refractory or transformed B-cell lymphomas: results of a phase II study. Ann Oncol. 2004 Mar;15(3):511-6.

Wilson WH, Grossbard ML, Pittaluga S, et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002 Apr 15;99(8):2685-93.

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.

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.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

August 2020 Updated NDFP forms and interchangeability information in Drug Regimen section

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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.

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.

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