Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

GCVP+RITU Regimen

Gemcitabine - Cyclophosphamide - VinCRIStine - Prednisone - Rituximab

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High 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	For use in DLBCL when anthracycline is contraindicated
Supplementary Public Funding	**prednisone** ODB - General Benefit (prednisone) (ODB Formulary)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

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

riTUXimab	375 mg /m²	IV	Day 1

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

gemcitabine	750 - 1000 mg /m²	IV	Days 1 and 8
cyclophosphamide	750 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Day 1
prednisone*	100 mg	PO daily	Days 1 to 5

(Outpatient prescription in multiples of 50mg tablets)

Cycle 2 and onwards [up to 6 cycles in total, including initial IV rituximab cycle(s)]:

Rituximab IV:

riTUXimab	375 mg /m²	IV	Day 1

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

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)	1400 mg	Subcut	Day 1

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

Plus GCVP chemotherapy:

gemcitabine	750 - 1000 mg /m²	IV	Days 1 and 8

cyclophosphamide	750 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Day 1
prednisone*	100 mg	PO daily	Days 1 to 5

(Outpatient prescription in multiples of 50mg tablets)

*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 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (D1)
Low (D8)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	Day 1 - First cycle: 6.5 hours; subsequent cycles: 2 to 5 hours; Day 8: 0.5 hour
Pharmacy Workload (average time per visit)	37.897 minutes
Nursing Workload (average time per visit)	63.25 minutes

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K - References

Fields PA, Townsend W, Webb A et al. De Novo Treatment of Diffuse Large B-Cell Lymphoma With Rituximab, Cyclophosphamide, Vincristine, Gemcitabine, and Prednisolone in Patients With Cardiac Comorbidity: A United Kingdom National Cancer Research Institute Trial. J Clin Oncology 2014; 32:282-287.

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 interchangeability information in Drug Regimen section

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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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