Regimen Monograph

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

A - Regimen Name

GEMOX+RITU Regimen

Gemcitabine-Oxaliplatin-riTUXimab

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High Grade Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Intent	Palliative Curative Adjuvant
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	Salvage treatment for relapsed/refractory diffuse large B-cell lymphoma (DLBCL) in patients who are ineligible for high-dose therapy.

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.

riTUXimab	375 mg /m²	IV	Day 1

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

gemcitabine	1000 mg /m²	IV	Day 2
oxaliplatin	100 mg /m²	IV	Day 2

Cycles 2+:

riTUXimab (subcut)*	1400 mg	Subcut	Day 1

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

gemcitabine	1000 mg /m²	IV	Day 1
oxaliplatin	100 mg /m²	IV	Day 1

*can give subcut if Cycle 1 well-tolerated, otherwise give rituximab 375 mg/m2 IV

back to top

C - Cycle Frequency

REPEAT EVERY 14 DAYS

For 4 cycles, then assess response. If partial response is obtained can give up to a total of 8 cycles.

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

back to top

J - Administrative Information

Approximate Patient Visit	RITU - 5 hours (first cycle); GEMOX - 3 hours; 3.5 to 7 hours (subsequent cycles)
Pharmacy Workload (average time per visit)	26.181 minutes
Nursing Workload (average time per visit)	46.667 minutes

back to top

K - References

Corazzelli G, Capobianco G, Arcamone M, et al. Long-term results of gemcitabine plus oxaliplatin with and without rituximab as salvage treatment for transplant-ineligible patients with refractory/relapsing B-cell lymphoma. Cancer Chemother Pharmacol 2009; 64:907–916. DOI 10.1007/s00280-009-0941-9

Mounier N, El Gnaoui T, Tilly Herve, et al. Rituximab plus gemcitabine and oxaliplatin in patients with refractory/relapsed diffuse large B-cell lymphoma who are not candidates for high-dose therapy. A phase II lymphoma study association trial. Haematologica. 2013;98(11):1726-1731.

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.

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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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back to top