Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

HYPERCVAD+RITU Regimen

Cyclophosphamide-Vincristine-Doxorubicin-Dexamethasone-Methotrexate-Leucovorin-Cytarabine-riTUXimab

Disease Site
Hematologic
Lymphoma - Non-Hodgkin's High 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.

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

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

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)

dexamethasone
ODB - General Benefit (dexamethasone)

back to top

B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

This regimen consists of 8 alternating courses of Course A (cyclophosphamide, vincristine, doxorubicin, dexamethasone and rituximab) and Course B (methotrexate, cytarabine and rituximab), given every 21 to 28 days (A-B-A-B-A-B-A-B).

The following includes regimen details for **Course A**, adapted for outpatient administration.

Cycle 1 of Course A (Cycle 1 of HYPERCVAD):

Rituximab IV - All patients must receive their first dose of rituximab by IV infusion.

riTUXimab	375 mg /m²	IV	Day 1

Plus HYPERCVAD Chemotherapy:

cyclophosphamide†	300 mg /m²	IV	q12h, on Days 1 to 3
(Total dose per cycle = 1800 mg/m^2)			
DOXOrubicin	50 mg /m²	IV	Day 4*
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Days 4* and 11
dexamethasone^	40 mg	PO	Days 1, 2, 3, 4, 11, 12, 13, 14

Subsequent cycles of Course A (Cycles 3, 5, 7 of HYPERCVAD):

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, if the patient has previously received at least one full rituximab IV dose.

riTUXimab (subcut)	1400 mg	Subcut	Day 1

Plus HYPERCVAD Chemotherapy:

cyclophosphamide†	300 mg /m²	IV	q12h, on Days 1 to 3
(Total dose per cycle = 1800 mg/m^2)			
DOXOrubicin	50 mg /m²	IV	Day 4*
vinCRIStine	1.4 mg /m²	IV (max 2 mg)	Days 4* and 11
dexamethasone^	40 mg	PO	Days 1, 2, 3, 4, 11, 12, 13, 14

Consider CNS prophylaxis with IT methotrexate and cytarabine.

†Consider mesna, as per local protocols.
*some centres may administer on day 3
^On Day 1 to be given as part of premedication before riTUXimab

For **Course B (inpatient)**, refer to local protocols.

back to top

C - Cycle Frequency

REPEAT EVERY 21 TO 28 DAYS (alternating with Course B) for a usual total of 8 cycles unless disease progression or unacceptable toxicity

back to top

J - Administrative Information

Approximate Patient Visit	Day 1: First cycle 5.5 hours, subsequent cycles 1.5 to 2 hours; other days: 0.5 hour
Pharmacy Workload (average time per visit)	21.697 minutes
Nursing Workload (average time per visit)	53.125 minutes

back to top

K - References

Thomas DA, Faderl S, O'Brien S, et al. Chemoimmunotherapy with hyper-CVAD plus rituximab for the treatment of adult Burkitt and Burkitt-type lymphoma or acute lymphoblastic leukemia. Cancer 2006;106(7):1569-80.

Thomas DA, Kantarjian HM, Cortes J, et al. Long-term outcome after hyper-CVAD and rituximab chemoimmunotherapy for Burkitt (BL) or Burkitt-like (BLL) leukemia/lymphoma and mature B-cell acute lymphocyte leukemia (ALL) [abstract]. Blood 2008;112:Abstract 1929.

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

April 2022 Updated Drug regimen section

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