

Regimen Monograph

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A - Regimen Name

IBRU(MNT) Regimen

Ibrutinib (maintenance)

Disease Site Hematologic
Lymphoma - Non-Hodgkin's Low Grade

(Mantle cell lymphoma)

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 Maintenance treatment for patients with mantle cell lymphoma, after completion of CHOP+IR alternating with DHAP+R or IBRUVENE

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B - Drug Regimen**IBRUtinib**

560 mg

PO

Daily

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

[back to top](#)**C - Cycle Frequency****CONTINUOUS TREATMENT**

After CHOP+IR-DHAP+R: For up to 2 years, unless disease progression or unacceptable toxicity.

After IBRUVEN: Until disease progression or unacceptable toxicity.

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Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Other Supportive Care:

- Also refer to [CCO Antiemetic Recommendations](#).
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Consider prophylaxis for patients at an increased risk for opportunistic infections.

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Outpatient prescription for home administration

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K - References

Ibrutinib drug monograph. Ontario Health (Cancer Care Ontario).

Dreyling M, Doorduijn J, Giné E, et al. Ibrutinib combined with immunochemotherapy with or without autologous stem-cell transplantation versus immunochemotherapy and autologous stem-cell transplantation in previously untreated patients with mantle cell lymphoma (TRIANGLE): a three-arm, randomised, open-label, phase 3 superiority trial of the European Mantle Cell Lymphoma Network. *Lancet*. 2024 May 25;403(10441):2293-2306. doi: 10.1016/S0140-6736(24)00184-3.

Wang M, Jurczak W, Trneny M, et al. Ibrutinib plus venetoclax in relapsed or refractory mantle cell lymphoma (SYMPATICO): a multicentre, randomised, double-blind, placebo-controlled, phase 3 study. *Lancet Oncol* 2025 Feb;26(2):200-13. doi: 10.1016/S1470-2045(24)00682-X.

May 2025 new ST-QBP regimen

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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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