

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Administrative Information](#) | [References](#) | [Disclaimer](#)

A - Regimen Name

MINIBEAM Regimen

BCNU (Carmustine)-Etoposide-ARA-C (Cytarabine)-Melphalan

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

Rationale and Uses Second-line salvage therapy for patients who are eligible for ASCT

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B - Drug Regimen

carmustine	60 mg /m ²	IV	Day 1
etoposide	75 mg /m ²	IV	Days 2 to 5
cytarabine	100 mg /m ²	IV	q12h, on Days 2-5
melphalan	30 mg /m ²	IV	Day 6

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C - Cycle Frequency

Repeat **EVERY 4 to 6 WEEKS** for up to 2 cycles prior to stem cell transplant

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J - Administrative Information

Approximate Patient Visit	Day 1: 1-2 hours; Days 2-5: 2 hours; Day 6: 0.5 hour
Pharmacy Workload (average time per visit)	28.376 minutes
Nursing Workload (average time per visit)	48.667 minutes

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K - References

Colwill R, Crump M, Couture F et al. Mini-Beam as salvage therapy for relapsed or refractory Hodgkin's disease before intensive therapy and autologous bone marrow transplantation. J Clin Oncol 1995 Feb; 13(2): 396-402.

Fernandez-Jimenez, MC, Canales MA, Ojeda E, et al. Salvage chemotherapy with mini-BEAM for relapsed or refractory Hodgkin's disease prior to autologous peripheral blood stem cell transplantation. Haematologica 1999; 84:1007-11.

Girouard C, Dufresne J, Imrie K, et al. Salvage chemotherapy with mini-BEAM for relapsed or refractory non-Hodgkin's lymphoma prior to autologous bone marrow transplantation. Ann Oncol. 1997 Jul;8(7):675-80.

Martin A, Fernandez-Jimenez MC, Caballero MD et al. Long-term follow-up in patients treated with Mini-BEAM as salvage therapy for relapsed or refractory Hodgkin's disease. Br J Haematol 2001 Apr; 113(1): 161-71.

Moore S, Kayani I, Peggs K, et al. Mini-BEAM is effective as a bridge to transplantation in patients with refractory or relapsed Hodgkin lymphoma who have failed to respond to previous lines of salvage chemotherapy but not in patients with salvage-refractory DLBCL. *Br J Haematol* 2012 Jun;157(5):543-52.

Villa D, Seshadri, T, Puig N, et al. Second-line salvage chemotherapy for transplant-eligible patients with Hodgkin's lymphoma resistant to platinum-containing first-line salvage chemotherapy. *Haematologica*. 2012 May; 97(5): 751–757.

January 2018 Removed alternative schedule

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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.

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