Regimen Monograph

A - Regimen Name

MPC+RITU Regimen

Methotrexate-Procarbazine-Cytarabine-Rituximab

Disease Site
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade (Primary CNS Lymphoma)

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
Induction therapy in patients with newly diagnosed, previously untreated primary central nervous system (CNS) lymphoma

Supplementary Public Funding
procarbazine
ODB - General Benefit (procarbazine) (ODB Formulary)

back to top

B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Step 1 (Weeks 1 to 3):

riTUXimab	375 mg /m²	IV	Days 0, 4, 14
(This drug is not currently publicly funded for this regimen and intent)			
methotrexate*	3500 mg /m²	IV	Days 1 and 15
procarbazine	100 mg /m²	PO	Days 1 to 7

Step 2 (Week 5):

riTUXimab	375 mg /m²	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
cytarabine	3000 mg /m²	IV	Days 1 and 2

THEN: Stem Cell moblization (Weeks 6 and 7)

Step 3: Q21 Days x 2 (Weeks 8 and 11):

riTUXimab	375 mg /m²	IV	Day 0
(This drug is not currently publicly funded for this regimen and intent)			
methotrexate*	3500 mg /m²	IV	Day 1
cytarabine*	2000 mg /m²	IV	BID Days 2 and 3

THEN: Conditioning chemotherapy prior to autologous stem cell transplant

Note: Only the portion of this regimen delivered on an outpatient basis will be considered within scope for ST-QBP funding. Inpatient portions are denoted with an "*".

back to top

C - Cycle Frequency

Complete weeks 1 to 11, THEN proceed to conditioning chemotherapy prior to autologous stem cell transplant

back to top

J - Administrative Information

Pharmacy Workload (average time per visit)	21.079 minutes
Nursing Workload (average time per visit)	86.667 minutes

back to top

K - References

Morris PG, Correa DD, Yahalom J et al. Rituximab, methotrexate, procarbazine, and vincristine followed by consolidation reduced-dose whole-brain radiotherapy and cytarabine in newly diagnosed primary CNS lymphoma: final results and long-term outcome. J Clin Oncol 2013;31:3971-3979.

Sanders S, Chua N, Larouche JF, et al. Outcomes of consecutively diagnosed primary central nervous system lymphoma patients using the alberta lymphoma clinical practice guideline incorporating thiotepa-busulfan conditioning for transplantation-eligible patients. Biol Blood Marrow Transplant 2019;25:1505-1510.

December 2020 New ST-QBP regimen

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

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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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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.

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back to top