Regimen Monograph

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

A - Regimen Name

MPV+RITU Regimen

Methotrexate-Procarbazine-vinCRIStine-riTUXimab

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's High 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

Treatment of newly diagnosed B-cell primary CNS lymphoma

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B - Drug Regimen

Given in Ambulatory setting:

riTUXimab	500 mg /m²	IV	Day 1

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

Given in Inpatient setting:

methotrexate	3500 mg /m²	IV over 2 hours	Day 2
vinCRIStine	1.4 mg /m²	IV	Day 2
(Maximum dose 2 mg)			
procarbazine	100 mg /m²	PO	Days 1 to 7 (on odd cycles)

(Hydration and leucovorin rescue as per institutional protocols; in Shah et al, intra-Ommaya methotrexate 12 mg was given between days 5 and 12 of each cycle to patients with positive CSF cytology; ST-QBP ony applies to the ambulatory portion of this regimen)

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C - Cycle Frequency

REPEAT EVERY 14 DAYS

For 5 to 7 cycles unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Rituximab:

Approximate Patient Visit 3 to 5 hours

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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 Nov 1;31(31):3971-9.

Shah GD, Yahalom J, Correa DD, et al. Combined immunochemotherapy with reduced whole-brain radiotherapy for newly diagnosed primary CNS lymphoma. J Clin Oncol 2007;25(30):4730-5.

June 2022 added treatment intent

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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.

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.

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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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