

Regimen Monograph

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A - Regimen Name

OEPA-COPDAC Regimen

Disease Site Hematologic - Lymphoma - Hodgkin

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 This is a paediatric regimen for the treatment of Hodgkin lymphoma.

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B - Drug Regimen**OEPA cycles 1 and 2:**

vinCRISStine	1.5 mg /m ²	IV (maximum 2 mg)	Days 1, 8 and 15
etoposide	125 mg /m ²	IV	Days 1 to 5
prednisone	60 mg /m ²	PO	Days 1 to 15
DOXOrubicin	40 mg /m ²	IV	Days 1 and 15

COPDAC cycles 3, 4, possibly 5 and 6 (depending on residual disease):

cyclophosphamide	500 mg /m ²	IV	Days 1 and 8
vinCRISStine	1.5 mg /m ²	IV (maximum 2 mg)	Days 1 and 8
prednisone	40 mg /m ²	PO	Days 1 to 15
dacarbazine	250 mg /m ²	IV	Days 1 to 3 (or Days 1 to 4)*

* Twenty patients in the clinical trial received dacarbazine 250 mg/m² IV on days 1 to 4 based on a study amendment. (Mauz-Körholz et al)

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C - Cycle Frequency**REPEAT EVERY 28 DAYS**

For up to 6 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Pharmacy Workload (average time per visit) 18.143 minutes

Nursing Workload (average time per visit) 40.539 minutes

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K - References

Mauz-Körholz C, Hasenclever D, Dörffel W, et al. Procarbazine-free OEPA-COPDAC chemotherapy in boys and standard OPPA-COPP in girls have comparable effectiveness in pediatric Hodgkin's lymphoma: the GPOH-HD-2002 study. J Clin Oncol. 2010 Aug 10;28(23):3680-6.

May 2020 modified dacarbazine in dosing section

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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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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom

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