

Regimen Monograph

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A - Regimen Name

# PREDVNBL(IND) Regimen

Prednisone-vinBLAStine

**Disease Site** Hematologic - Rare Diseases  
Langerhans cell histiocytosis

**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.

**Supplementary Public Funding** **prednisone**  
ODB - General Benefit (prednisone)

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**B - Drug Regimen**

**Induction**

**Course 1 (Q42 days):**

|                                    |                            |                         |   |
|------------------------------------|----------------------------|-------------------------|---|
| <b>prednisone</b>                  | 40 mg /m <sup>2</sup> /day | PO (in 3 divided doses) | Days 1 to 28 (taper over days 29 to 42) |
| <b><a href="#">vinBLAStine</a></b> | 6 mg /m <sup>2</sup>       | IV                      | Days 1, 8, 15, 22, 29 and 36            |

If non-active disease (NAD) after induction, proceed directly to maintenance. If active disease (AD) better or intermediate, continue with course 2 below.

**Course 2 (Q42 days):**

|                                    |                            |                         |   |
|------------------------------------|----------------------------|-------------------------|---|
| <b>prednisone</b>                  | 40 mg /m <sup>2</sup> /day | PO (in 3 divided doses) | Days 43-45, 50-52, 57-59, 64-66, 71-73, 78-80 |
| <b><a href="#">vinBLAStine</a></b> | 6 mg /m <sup>2</sup>       | IV                      | Days 43, 50, 57, 64, 71, 78                   |

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**C - Cycle Frequency**

Induction: Single cycle of **course 1** (42 days) followed by single cycle of **course 2** (42 days)

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Minimal

**Other Supportive Care:**

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

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## J - Administrative Information

Pharmacy Workload (average time per visit) 15.346 minutes

Nursing Workload (average time per visit) 35 minutes

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## K - References

Gadner H, Minkov M, Grois N, et al. Therapy prolongation improves outcome in multisystem Langerhans cell histiocytosis. *Blood* 2013;121(25):5006-14.

**May 2019** Updated emetic risk category

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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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