Regimen Monograph

A - Regimen Name

VRNS Regimen

Vorinostat

Disease Site	Hematologic - Lymphoma - T-cell Cutaneous T-cell Lymphoma (CTCL)
Intent	Palliative
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.
Rationale and Uses	Treatment of cutaneous manifestations in patients with advanced cutaneous T-cell lymphoma (CTCL) who have progressive, persistent or recurrent disease after prior systemic therapies.

back to top

B - Drug Regimen

vorinostat	400 mg	PO	Daily

(This drug is not currently publicly funded for this regimen and intent)
(Outpatient prescription in 100 mg capsules)

back to top

C - Cycle Frequency

CONTINUOUS TREATMENT

Until disease progression or unacceptable toxicity.

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Other Supportive Care:
Patients should be instructed to drink at least 2 L/day of fluids for adequate hydration.

Also refer to CCO Antiemetic Recommendations.

back to top

E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Suggested dose levels are 400 mg daily, 300 mg daily, and 300 mg daily for 5 consecutive days per week.

Toxicity	Action	Dose
Grade 3	Hold #/*	↓ 1 dose level
Grade 4	Hold #; or discontinue	If re-start, ↓ 1 dose level
* consider hold for Platelets 10-25 x 10^9 /L and/or Hemoglobin 65-80 g/L if considered related to vorinostat. # until recovery to ≤ grade 1		

Hepatic Impairment

Although hepatic impairment did not produce statistically significant differences in pharmacokinetics, tolerability decreased with increasing severity of hepatic impairment.

Bilirubin		AST	Action
1 to 1.5 x ULN			Caution; reduce dose to 300 mg daily
≤ ULN	and	> ULN	Caution; reduce dose to 300 mg daily
1.5 to ≤ 3 x ULN	and	any	Not recommended for use
> 3 x ULN	and	any	Contraindicated

Renal Impairment

No data available. Treat with caution in renal impairment as the 2 major metabolites are excreted in urine.

back to top

F - Adverse Effects

Refer to vorinostat drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Diarrhea • Fatigue • Nausea, vomiting • Anorexia, weight loss • Dysgeusia, dry mouth • Alopecia • Musculoskeletal pain • Creatinine increased • Constipation	• Proteinuria • Venous thromboembolism • Arterial thromboembolism • Myelosuppression (infection, bleeding) • Secondary malignancy • Guillain-Barre syndrome • Hypersensitivity • QT interval prolonged • Vasculitis • GI fistula, perforation

back to top

G - Interactions

Refer to vorinostat drug monograph(s) for additional details

back to top

H - Drug Administration and Special Precautions

Refer to vorinostat drug monograph(s) for additional details

back to top

I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC, electrolytes (including Ca, Mg, K) and blood glucose; baseline, then every 2 weeks during the first 2 months, then monthly thereafter
- ECG; baseline and periodic
- Liver and renal function tests; baseline and regular
- Clinical toxicity assessment of dehydration, hyperglycemia, fatigue, gastrointestinal, and cardiovascular toxicities; at each visit

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

back to top

J - Administrative Information

Outpatient prescription for home administration

back to top

K - References

Duvic M, Talpur R, Ni X, et al. Phase 2 trial of oral vorinostat (suberoylanilide hydroxamic acid, SAHA) for refractory cutaneous T-cell lymphoma (CTCL). Blood 2007; 109: 31-9.

Olsen EA, Kim YH, Kuzel TM, et al. Phase IIB multicenter trial of vorinostat in patients with persistent, progressive, or treatment refractory cutaneous t-cell lymphoma. J Clin Oncol 2007; 25: 3109-15.

Vorinostat drug monograph, Cancer Care Ontario.

June 2019 Updated emetic risk category

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 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.

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.

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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back to top