

BC Cancer Protocol Summary for Lymphoma Palliative Chemotherapy

Protocol Code

LYPALL

Tumour Group

Lymphoma

Contact Physician

Dr. Laurie Sehn

ELIGIBILITY/TESTS:

The following chemotherapeutic agents are occasionally useful as single agents in the palliative or symptomatic management of lymphoproliferative diseases, including Hodgkin lymphoma, non-Hodgkin lymphoma, and multiple myeloma. Their use always requires knowledge of the diagnosis, other co-morbid illnesses, prior treatment and toxicity and current goals of treatment. **In general these uses of chemotherapy should be based on prior experience in similar situations. Clinicians without such experience should discuss these uses with a chemotherapist from the Lymphoma Tumour Group.** Because the doses and schedules of the chemotherapy agents listed below must be individualized a usual dose and schedule and a reasonable range is cited. Dose reductions for toxicity must be individualized.

TREATMENT:

- See treatment table

PRECAUTIONS:

- Individualize, see eligibility.
- **Renal Dysfunction:** Methotrexate, given by any route, should be given with special caution if the creatinine clearance is less than 30 mL/minute with all subsequent doses determined based on hematologic and mucosal tolerance for the first dose given.
- **Hepatitis B Reactivation:** All lymphoma patients should be tested for both HBsAg and HBcAb. If either test is positive, such patients should be treated with lamivudine 100 mg PO daily during chemotherapy and continue for one year from treatment completion for patients who are HBsAg positive and for six months for patients who are HBcAb positive. Such patients should also be monitored with frequent liver function tests and hepatitis B virus DNA at least every two months. If the hepatitis B virus DNA level rises during this monitoring, management should be reviewed with an appropriate specialist with experience managing hepatitis and consideration given to halting chemotherapy.

Call Dr. Laurie Sehn or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program

Table. Treatment

For all histologies of lymphoma, myeloma, and related diseases including angioimmunoblastic lymphadenopathy, Castleman's disease, lymphomatoid granulomatosis, mycosis fungoides, Sezary's syndrome, cutaneous T-cell lymphoma, Langherhan's cell histiocytosis, histiocytosis X, systemic mastocytosis, other lymphocytic leukemias.

| Drug | Usual dose | Usual dose range | Usual interval |
|------------------|--|----------------------------------|-------------------------------------|
| cyclophosphamide | 600 mg/m ² IV | 400 to 1200 mg/m ² | 3 to 4 weeks |
| | 300 mg/m ² /d x 5 days PO | 200 to 450 mg/m ² | 3 to 4 weeks |
| chlorambucil | 0.1 mg/kg/d PO | 0.3 to 0.8 mg/Kg | continuous |
| | 0.2 mg/kg/d x 21 days PO | | 6 to 8 weeks |
| | 0.4 mg/kg PO | | 2 to 3 weeks |
| vinCRISStine | 1.2 mg/m ² IV | 0.8 to 1.4 mg/m ² | 2 to 3 weeks |
| predniSONE | 40 mg/m ² PO | 20 to 60 mg/m ² | daily or every other day |
| procarbazine | 100 mg/m ² /d PO x 14 days | 60 to 100 mg/m ² | 4 to 6 weeks |
| etoposide | 100 mg/m ² /d x 3 to 5 days PO | 50 to 300 mg/m ² | 3 to 4 weeks |
| dexamethasone | 20 mg/d x 5 days PO or IV | 20 to 40 mg/d x 5 days PO | 2 to 4 weeks |
| | 40 mg days 1 to 4, 9 to 12 and 17 to 20 PO | | 4 to 5 weeks |
| methotrexate | 20 mg/m ² PO | 15 to 25 mg/m ² | twice weekly |
| gemcitabine | 1000 mg/m ² IV | 900 to 1200 mg/m ² IV | Day 1 and 8 of a 21 to 28 day cycle |
| vinblastine* | 6 mg/m ² IV | 4 to 8 mg/m ² | 1 to 4 weeks |

* For Hodgkin lymphoma only