

# BC Cancer Protocol Summary for Therapy for Indolent Lymphoma and Chronic Lymphocytic Leukemia Using Chlorambucil

**Protocol Code** *LYCHLOR*

**Tumour Group** *Lymphoma*

**Contact Physician** *Dr. Laurie Sehn*

## ELIGIBILITY:

- Malignant lymphoma, indolent, including follicular, lymphoplasmacytic, small lymphocytic and marginal zone lymphomas
- Chronic lymphocytic leukemia

## EXCLUSIONS:

- Active hemolytic anemia or immune-related thrombocytopenia

## TESTS:

- Baseline (required before first treatment): CBC & diff, platelets, bilirubin, [ALT](#)
- Baseline (required, but results do not have to be available to proceed with first treatment; results must be checked before proceeding with further treatment): HBsAg, HBcoreAb
- Before each treatment: CBC & differential, platelets

## PREMEDICATIONS:

None

## SUPPORTIVE MEDICATIONS:

If HBsAg or HBcoreAb positive, start lamivudine 100 mg PO daily for the duration of chemotherapy and [continue for one year from treatment completion for patients who are HBsAg positive](#) and for six months for patients who are HBcoreAb positive.

## TREATMENT:

Three available schedules, choice determined by individual patient characteristics.

Drug	Dose	BC Cancer Administration Guideline
<i>Schedule 1:</i> chlorambucil	Starting dose: 0.4 mg/kg for one dose on day 1 every 2 weeks. Subsequently, if ANC greater than $3.5 \times 10^9/L$ , increase dose by 0.1 mg/kg, adjusting dose to induce a therapeutic response but not cause a fall in neutrophil count below $1.2 \times 10^9/L$ . MAXIMUM DOSE: 0.8 mg/kg every 2 weeks.  Round dose to the nearest 2 mg. Administer on an empty stomach.	PO
OR		
<i>Schedule 2:</i> chlorambucil	0.2 mg/kg once daily for 21 consecutive days (total dose per cycle 4.2 mg/kg) adjusted to induce a therapeutic response but not cause a fall in neutrophil count below $1.2 \times 10^9/L$ . Repeat every 6 weeks.  Round dose to the nearest 2 mg. Administer on an empty stomach.	PO
OR		
<i>Schedule 3:</i> chlorambucil	0.1mg/kg once daily (range 0.03-0.2 mg/kg once daily) continuously adjusted to induce a therapeutic response but not cause a fall in neutrophil count below $1.2 \times 10^9/L$ .  Round dose to the nearest 2 mg. Administer on an empty stomach.	PO

Continue treatment until two months after maximum response achieved (maximum 1 year)

## DOSE MODIFICATIONS:

Hematological, for low counts due to treatment, not disease

ANC (x10 <sup>9</sup> /L)	Platelets (x10 <sup>9</sup> /L)	Dose (all drugs)
Greater than or equal to 1.2	Greater than or equal to 80	100%
Less than 1.2	Less than 80	Delay until recovery

## PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Hepatitis B Reactivation:** All lymphoma patients should be tested for both HBsAg and HBcoreAb. If either test is positive, such patients should be treated with lamivudine during chemotherapy [and continue for one year from treatment completion for patients who are HBsAg positive and for six months for patients who are HBcoreAb 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.