BCCA 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: CBC & differential, platelets, HBsAg, HBcoreAb
- Before each treatment: CBC & differential, platelets

PREMEDICATIONS:

None

TREATMENT:

Three available schedules, choice determined by individual patient characteristics.

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Drug	Dose	BCCA Administration Guideline
Schedule 1: Chlorambucil	Starting dose: 0.4 mg/kg for one dose on day 1 every 2 weeks. Subsequently, if ANC greater than 3.5 x 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 x 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		
Schedule 2: 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 x 10^9/L. Repeat every 6 weeks. Round dose to the nearest 2 mg. Administer on an empty stomach.	PO
OR		
Schedule 3: 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 x 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 (x10^9/L)	Platelets (x10^9/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 100 mg/day orally, for the entire duration of chemotherapy and for six months afterwards. 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 the contact physician or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: N/A

Date revised: 01 Feb 2011 (revised contact physician)

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