

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, total 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, HBsAb, HBcoreAb
- Before each treatment: CBC & Diff
- If clinically indicated: HBV viral load, ALT (see protocol [SCHBV](#))

PREMEDICATIONS:

None

SUPPORTIVE MEDICATIONS:

High risk of hepatitis B reactivation. If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per

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 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:** [See SCHBV protocol for more details.](#)

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.