BC Cancer Protocol Summary for Treatment of Advanced Indolent Lymphoma using Cyclophosphamide, vinCRIStine, predniSONE (CVP)

Protocol Code

Tumour Group

Contact Physician ELIGIBILITY:

Indolent T cell lymphoma or leukemia ; indolent B cell lymphoma which has been previously treated with rituximab +/- other chemotherapy within the past six months; unusual lymphoproliferative conditions such as multi-focal Castleman's disease, the histiocytosis or similar rare conditions; B cell lymphoma in patients with a contraindication to use of DOXOrubicin

Stage IIA with more than 3 contiguous nodal sites of disease; IIB; III A or B; or IV A or B

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 cycle 2): LDH, HBsAg, HBsAb, HBcoreAb
- Before each treatment: CBC & Diff
- If clinically indicated: HBV viral load, ALT (see protocol <u>SCHBV</u>)

PREMEDICATIONS:

- ondansetron 8 mg PO pre-chemotherapy
- dexamethasone 12 mg PO pre-chemotherapy

SUPPORTIVE MEDICATIONS:

High risk of hepatitis B reactivation. If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per <u>SCHBV</u>.

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
vinCRIStine	1.4 mg/m² on day 1 (no maximum dose)	in 50 mL NS over 15 mins
cyclophosphamide	1000 mg/m² on day 1	IV in 100 to 250 mL* NS over 20 min to 1 hour *Use 250 mL for dose greater than or equal to 1000 mg.
predniSONE	100 mg starting on day 1	PO daily in am with food x 5 consecutive days

Repeat every 21 or 28 days (see dose modifications) for up to a maximum of 8 cycles. For further use, Undesignated approval is required.

BC Cancer Protocol Summary LYCVP Page 1 of 2 Activated: 3 Aug 1993 Revised: 1 Dec 2024 (Tests, supportive medications, and precautions updated) Warning: The information contained in these documents are a statement of consensus of BC Cancer professionals regarding their views of currently accepted approaches to treatment. Any cinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is at your own risk and is subject to BC Cancer's terms of use available at <u>www.bccancer.bc.ca/terms-of-use</u>

LYCVP

Dr. Laurie Sehn

Lymphoma

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	Dose Modification
less than 1.2	or	less than 100	delay x 1 week

2. **Neurotoxicity**: vinCRIStine only

Toxicity	Dose Modification
Dysesthesias, areflexia only	100 %
Abnormal buttoning, writing	67%
Motor neuropathy, moderate	50%
Motor neuropathy, severe	Omit

3. **Hepatotoxicity**: vinCRIStine only

Bilirubin (micromol/L)	Dose Modification
Less than or equal to 25	100%
26 to 50	50%
Greater than 50	25%.

PRECAUTIONS:

- 1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
- 2. **Extravasation**: vinCRIStine causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
- 3. Hepatitis B Reactivation: See <u>SCHBV protocol</u> for more details.

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