

BC Cancer Protocol Summary for Therapy of Lymphoma, Hodgkin's Lymphoma, Chronic Lymphocytic Leukemia or Multiple Myeloma Using Cyclophosphamide

Protocol Code

LYCYCLO

Tumour Group

Lymphoma

Contact Physician

Dr. Laurie Sehn

ELIGIBILITY:

- Malignant lymphoma, Hodgkin's lymphoma, chronic lymphocytic leukemia, multiple myeloma

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 cycle 2): HBsAg, HBsAb, HBcoreAb
- Before each treatment: CBC & Diff
- If clinically indicated: HBV viral load, ALT (see protocol [SCHBV](#))

PREMEDICATIONS:

ondansetron 8 mg PO/IV daily pre chemo
dexamethasone 12 mg PO/IV daily pre chemo

SUPPORTIVE MEDICATIONS:

High risk of hepatitis B reactivation. If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per [SCHBV](#).

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
cyclophosphamide	600-1200 mg/m ² * on day 1	IV in 100 to 250** mL NS over 20 min to 1 h
OR		
cyclophosphamide	300-400 mg/m ² /day* x 5 days***	PO
PLUS		
predniSONE (optional)	45 mg/m ² daily x 5 days***	PO in am with food

*The actual dose depends on patient specific factors such as extent of prior treatment, performance status, duration of planned treatment and others.

**Use 250 mL for dose greater than 1000 mg

*** Round to the nearest 25 mg; if Cyclophosphamide is being given daily and dexamethasone is being used as an anti-emetic prednisone should be omitted

Repeat every 21-28 days. Discontinue if no response after 2 cycles. Continue treatment until 2 cycles after maximum response, to a maximum of 8 months of treatment.

DOSE MODIFICATIONS:

1. Hematological, for low counts due to treatment

ANC (x10 ⁹ /L)	Platelets (x10 ⁹ /L)	Dose (all drugs)
greater than 1.2	greater than 80	100%
less than or equal to 1.2	less than or equal to 80	Delay until recovery

2. Renal dysfunction: Dose modification may be required for cyclophosphamide. Refer to BC Cancer Drug Manual.

PRECAUTIONS:

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- 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.