BC Cancer Protocol Summary for Lymphoma Palliative Chemotherapy

Protocol Code	*LYPALL*
Tumour Group	*Lymphoma*
Contact Physician	*Dr. Laurie Sehn*

ELIGIBILITY/TESTS:

The following chemotherapeutic agents are occasionally useful as single agents in the palliative or symptomatic management of lymphoproliferative diseases, including Hodgkin lymphoma, non-Hodgkin lymphoma, and multiple myeloma. Their use always requires knowledge of the diagnosis, other co-morbid illnesses, prior treatment and toxicity and current goals of treatment. **In general these uses of chemotherapy should be based on prior experience in similar situations. Clinicians without such experience should discuss these uses with a chemotherapist from the Lymphoma Tumour Group.** Because the doses and schedules of the chemotherapy agents listed below must be individualized a usual dose and schedule and a reasonable range is cited. Dose reductions for toxicity must be individualized.

TREATMENT:

- See treatment table

TESTS:

- **Baseline:** 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
- **If clinically indicated, throughout treatment**: HBV viral load (see protocol SCHBV)
- **Throughout treatment:**
  - cyclophosphamide IV or gemcitabine-based treatment:
    - Prior to each cycle: CBC & Diff
    - If clinically indicated: total bilirubin, creatinine, ALT
  - vinBLAStine or vinCRIStine-based treatment:
    - Prior to each treatment: CBC & Diff, total bilirubin
    - If clinically indicated: creatinine, ALT
  - Oral medications:
    - Prior to each cycle: CBC & Diff
    - If clinically indicated: total bilirubin, creatinine, ALT

PRECAUTIONS:

- Individualize, see eligibility.
- **Renal Dysfunction:** Methotrexate, given by any route, should be given with special caution if the creatinine clearance is less than 30 mL/minute with all subsequent doses determined based on hematologic and mucosal tolerance for the first dose given.
- **Hepatitis B Reactivation**: All lymphoma patients should be screened for hepatitis B reactivation risk. The risk category will differ based on the treatment drug selected and patient-specific factors. Refer to SCHBV for details on prophylaxis and monitoring requirements.

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.

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Table. Treatment

For all histologies of lymphoma, myeloma, and related diseases including angioimmunoblastic lymphadenopathy, Castleman's disease, lymphomatoid granulomatosis, mycosis fungoides, Sezary's syndrome, cutaneous T-cell lymphoma, Langherhan's cell histiocytosis, histiocytosis X, systemic mastocytosis, other lymphocytic leukemias.

Drug	Usual dose	Usual dose range	Usual interval
cyclophosphamide	600 mg/m² IV 300 mg/m²/d x 5 days PO	400 to 1200 mg/m² 200 to 450 mg/m²	3 to 4 weeks 3 to 4 weeks
chlorambucil	0.1 mg/kg/d PO 0.2 mg/kg/d x 21 days PO 0.4 mg/kg PO	 0.3 to 0.8 mg/Kg	continuous 6 to 8 weeks 2 to 3 weeks
vinCRIStine	1.2 mg/m² IV	0.8 to 1.4 mg/m²	2 to 3 weeks
predniSONE	40 mg/m² PO	20 to 60 mg/m²	daily or every other day
procarbazine	100 mg/m²/d PO x 14 days	60 to 100 mg/m²	4 to 6 weeks
etoposide	100 mg/m²/d x 3 to 5 days PO	50 to 300 mg/m²	3 to 4 weeks
dexamethasone	20 mg/d x 5 days PO or IV 40 mg days 1 to 4, 9 to 12 and 17 to 20 PO	20 to 40 mg/d x 5 days PO	2 to 4 weeks 4 to 5 weeks
methotrexate	20 mg/m² PO	15 to 25 mg/m²	twice weekly
gemcitabine	1000 mg/m^2 IV	900 to 1200 mg/m^2 IV	Day 1 and 8 of a 21 to 28 day cycle
vinblastine*	6 mg/m² IV	4 to 8 mg/m²	1 to 4 weeks

* For Hodgkin lymphoma only