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.

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 100 mg/d PO	400 to 1200 mg/m² 200 to 450 mg/m²	3 to 4 weeks 3 to 4 weeks continuous
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/m² IV	900 to 1200 mg/m² 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