



## Palliative High Grade Lymphoma Regimens

The following table lists the evidence-informed regimens (both IV and non-IV) for high grade lymphoma used in the palliative setting. It is expected that the prescribing oncologist will select the regimen from the list of evidence-informed regimens that is most appropriate for their patient taking account of a variety of disease-specific and patient-related factors.

**Regimens highlighted in red contain an expensive drug that is not currently publicly funded for the regimen and treatment intent.**

High Grade Lymphoma	
Regimen Code	Regimen Abstract
CEPP(B)	<p>Cyclophosphamide 600-750mg/m<sup>2</sup> IV days 1, 8;                      Etoposide 70 mg/m<sup>2</sup> IV days 1, 2, 3;                      Procarbazine 60 mg/m<sup>2</sup> PO days 1-10;                      Prednisone 60mg/m<sup>2</sup> PO days 1-10;                      Bleomycin 15 units/m<sup>2</sup> IV days 1, 15.                      Q28 days</p> <p><i>Alternative Etoposide schedule:</i>                      70 mg/m<sup>2</sup> IV day 1 and 140 mg/m<sup>2</sup> PO daily days 2 and 3</p> <p><i>Procarbazine may be dropped from the regimen</i></p>
CEPIOP+RITU	<p>Cyclophosphamide 750 mg/m<sup>2</sup> IV day 1;                      epirubicin 50mg/m<sup>2</sup> IV day 1;                      vinCRISTine 1.4 mg/m<sup>2</sup> (max 2 mg) IV day 1;                      Prednisone 100 mg PO daily, days 1-5;                      riTUXimab 375 mg/m<sup>2</sup> IV day 1.                      Q21 days</p>
CEPP	<p>Cyclophosphamide 600-750 mg/m<sup>2</sup> IV days 1, 8;                      Etoposide 70 mg/m<sup>2</sup> IV day 1;                      Etoposide 140 mg/m<sup>2</sup> PO days 2-3;                      Procarbazine 60 mg/m<sup>2</sup> PO days 1-10;                      Prednisone 60 mg/m<sup>2</sup> PO days 1-10.                      Q28 days</p>
CEOP	<p>Cyclophosphamide 750 mg/m<sup>2</sup> IV day 1;                      Etoposide 50 mg/m<sup>2</sup> IV day 1;                      Etoposide 100 mg/m<sup>2</sup> PO days 2-3;                      Vincristine 1.4 mg/m<sup>2</sup> (max 2 mg) IV day 1;                      Prednisone 100 mg PO on days 1-5.</p>

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Regimen Code	Regimen Abstract
CEOP+RITU	Cyclophosphamide 750 mg/m <sup>2</sup> IV day 1; Etoposide 50 mg/m <sup>2</sup> IV day 1; Etoposide 100 mg/m <sup>2</sup> PO days 2-3; Vincristine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; Prednisone 100 mg PO on days 1-5; riTUXimab 375 mg/m <sup>2</sup> IV day 1.
CEPP+RITU	Cyclophosphamide 600-750 mg/m <sup>2</sup> IV days 1, 8; Etoposide 70 mg/m <sup>2</sup> IV day 1; Etoposide 140 mg/m <sup>2</sup> PO days 2-3; Procarbazine 60 mg/m <sup>2</sup> PO days 1-10; Prednisone 60 mg/m <sup>2</sup> PO days 1-10; riTUXimab 375mg/m <sup>2</sup> IV day 1. Q28 days
CHLO	Chlorambucil 6 mg/m <sup>2</sup> PO daily days 1-14. Q28 days  Chlorambucil dosage may vary. Can be given with or without Prednisone
CHOP	Cyclophosphamide 750 mg/m <sup>2</sup> IV day 1; DOXOrubicin 50 mg/m <sup>2</sup> IV day 1; vinCRISTine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; Prednisone 100 mg PO daily, days 1-5. Q21 days
CHOP+R	Cyclophosphamide 750 mg/m <sup>2</sup> IV day 1; DOXOrubicin 50 mg/m <sup>2</sup> IV day 1; vinCRISTine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; Prednisone 100 mg PO daily, days 1-5; riTUXimab 375 mg/m <sup>2</sup> IV day 1. Q21 days
CNOP	Cyclophosphamide 750 mg/m <sup>2</sup> IV day 1; vinCRISTine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; MitoXANTRONE 10 mg/m <sup>2</sup> IV day 1; Prednisone 50 mg/m <sup>2</sup> PO days 1-5. Q21 days
CVP	Cyclophosphamide 750 mg/m <sup>2</sup> IV day 1; vinCRISTine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; Prednisone 100mg PO days 1-5. Q21 days
CVP(PO)	Cyclophosphamide 400 mg/m <sup>2</sup> PO daily, days 1-5; vinCRISTine 1.4 mg/m <sup>2</sup> (max 2 mg) IV day 1; Prednisone 100 mg PO daily, days 1-5. Q21 days

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Regimen Code	Regimen Abstract
CYTA(IT)	<i>Schedule and frequency is variable, one option is:</i>  Cytarabine 50-70 mg IT every 4 days until CSF clear.
CYTAMTRX(IT)	<i>Schedule and frequency is variable, one option is:</i> Methotrexate 12 mg + Cytarabine 40 mg IT +/- Hydrocortisone 15 mg IT 2 injections/week for 4 weeks
ETOP(PO)	Etoposide 50-100 mg PO daily 7-14 days; Prednisone 50-100 mg PO every other day. Q28 days Regimen may be given without prednisone
GDP	Gemcitabine 1000 mg/m <sup>2</sup> IV days 1 and 8; Dexamethasone 40 mg PO days 1-4; CISplatin 75 mg/m <sup>2</sup> IV day 1. Q21 days
GEMC	Gemcitabine 1000 - 1,200 mg/m <sup>2</sup> IV days 1, 8 15. Q28 days  <i>Alternative Schedule:</i> Gemcitabine 1000mg/m <sup>2</sup> IV days 1, 8. Q21 days
MTRX(IT)	Methotrexate 12 mg IT  <i>Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)</i>
LENA	<b>Lenalidomide 25 mg PO days 1-21 – Not currently publicly funded for this regimen and intent</b> <b>Q28 days</b>

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