

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Diffuse Large B-Cell Lymphoma (Part 1 of 2)

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

REGIMEN	DOSING
First-Line Therapy	
R-CHOP with RT (rituximab [Rituxan] + cyclophosphamide [Cytoxan] + doxorubicin [Adriamycin] + vincristine [Oncovin] + prednisone) + radiotherapy ¹⁻³ NOTE: Category 1	Day 1: Cyclophosphamide 750mg/m ² IV + doxorubicin 50mg/m ² IV bolus + vincristine 1.4mg/m ² IV bolus (max dose 2mg). 7 days prior to and Days 1, 22, and 43: Rituximab 375mg/m ² IV. Days 3, 24, and 45: Prednisone 100mg orally for 5 days. Repeat each cycle every 3 weeks for 3 cycles. Radiotherapy begins 3 weeks after the last cycle of R-CHOP.
R-CHOP (rituximab + cyclophosphamide + doxorubicin + vincristine + prednisone) ^{1,4,5}	Day 1: Cyclophosphamide 750mg/m ² IV + doxorubicin 50mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg). Day 1: Rituximab 375mg/m ² IV. Repeat each cycle every 3 weeks for 8 cycles. Days 1-5: Prednisone 40mg/m ² daily.
Dose-adjusted EPOCH (etoposide [Etopophos, VP-16] + prednisone + vincristine + cyclophosphamide + doxorubicin) + rituximab + intrathecal (IT) methotrexate (MTX) ^{1,6,7}	Days 1-4: Etoposide 50mg/m ² continuous IV + doxorubicin 10mg/m ² continuous IV + vincristine 0.4mg/m ² continuous IV. Day 1: Rituximab 375mg/m ² IV. Day 5: Cyclophosphamide 750mg/m ² IV. Days 1-5: Prednisone 60mg/m ² orally twice a day. Day 6: G-CSF 5mcg/kg SC daily until an ANC >5 X 10 ⁹ /L above the nadir level. IT MTX: Give for 6 doses. Repeat cycle every 3 weeks for 6 cycles.
First-Line Therapy for Patients With Poor Ventricular Left Function	
<ul style="list-style-type: none"> ▪ Note: Inclusion of any anthracycline or anthracenedione in patients with impaired cardiac functioning should have more frequent cardiac monitoring. ▪ There is limited published data regarding the use of these regimens; however, they are used at NCCN institutions for the first-line treatment of DLBCL for patients with poor ventricular left function. 	
RCDOP (rituximab + cyclophosphamide + liposomal doxorubicin [Caelyx] + vincristine + prednisone) ^{1,8,9}	Day 1: Cyclophosphamide 750g/m ² IV + liposomal doxorubicin 30mg/m ² IV + vincristine 2mg IV. Days 1-5: Prednisone 60mg/m ² IV. Day 8: Rituximab 375mg/m ² IV for cycle 1; Day 0 in subsequent cycles. Repeat cycle every 3 weeks for 6-8 cycles.
RCNOP (rituximab + cyclophosphamide + mitoxantrone [Novantrone] + vincristine + prednisone) ^{1,10,11}	Day 1: Cyclophosphamide 750mg/m ² IV + mitoxantrone 10mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg). Days 1-5: Prednisone 50mg/m ² orally. Day 1: Rituximab 375mg/m ² IV infusion. Repeat cycle every 3 weeks for 6 cycles (max 8 cycles).
RCEOP (rituximab + cyclophosphamide + etoposide + vincristine + prednisone) ^{1,12}	Day 1: Cyclophosphamide 750mg/m ² IV + etoposide 50mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg). Day 1: Rituximab 375mg/m ² IV. Days 1-5: Prednisone 100mg orally. Days 2 and 3: Etoposide 100mg/m ² orally. Limited-stage disease: Repeat cycle every 3 weeks for 3-4 cycles. Advanced-stage disease: Repeat cycle every 3 weeks for 6 cycles.

continued

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Diffuse Large B-Cell Lymphoma (Part 2 of 2)

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