Protocol: **ABVD**

Indications: Hodgkin’s disease

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Dose Formulation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxorubicin</td>
<td>25mg/m²</td>
<td>iv bolus</td>
<td>Days 1 &amp; 15</td>
</tr>
<tr>
<td>Bleomycin</td>
<td>10,000iu/m²</td>
<td>200mls N. Saline/30mins</td>
<td>Days 1 &amp; 15</td>
</tr>
<tr>
<td>Vinblastine</td>
<td>6mg/m²</td>
<td>iv bolus</td>
<td>Days 1 &amp; 15</td>
</tr>
<tr>
<td>Dacarbazine</td>
<td>375mg/m²</td>
<td>250mls N. Saline/1hr</td>
<td>Days 1 &amp; 15</td>
</tr>
</tbody>
</table>

Cycle frequency: Every four weeks  Total number of cycles: 6-8

Dose modifications: Discuss with Consultant

Administration and safety:

- Anti-emetic group – High
- Delay if neutrophils <1.0 x 10⁹/L or platelets <100 x 10⁹/L (check with Consultant)
- May need G-CSF support – Days 12, 13, 14
- No Bleomycin after cycle 6
- Prophylactic co-trimoxazole
- Check DLCO prior to starting chemotherapy
- Do not cap BSA

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, amenorrhoea, peripheral neuropathy, pneumonitis, pulmonary fibrosis, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care

Investigations

Pre-treatment:

- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, CXR
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:

- Performance score, weight, symptoms
- FBC
- U & E’s, LFTs, creatinine, CXR
- LDH

Mid Treatment: After every two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **ChlVPP**

**Indication:** Hodgkin’s disease

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorambucil</td>
<td>6mg/m² od</td>
<td>oral</td>
<td>Days 1-14</td>
</tr>
<tr>
<td>Vinblastine</td>
<td>6mg/m² (max 10mg)</td>
<td>iv</td>
<td>Days 1 &amp; 8</td>
</tr>
<tr>
<td>Procarbazine</td>
<td>100mg/m² od</td>
<td>oral</td>
<td>Days 1-14</td>
</tr>
<tr>
<td>Prednisolone</td>
<td>40mg od</td>
<td>oral</td>
<td>Days 1-14</td>
</tr>
</tbody>
</table>

Cycle frequency: Every four weeks  
Total number of cycles: 6-8

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – Moderately high
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function and hepatic function
- Round Chlorambucil to nearest 2mg dose (total)
- Round Procarbazine to nearest 50mg dose (total)

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, amenorrhoea, peripheral neuropathy, constipation, diarrhoea, carcinogenesis, infertility

**Symptomatic treatment of side effects:** Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC and ESR
- U & E’s, LFTs, creatinine
- LDH
- CXR

**Mid Treatment:** After three cycles

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **GDP (Gemcitabine/Dexamethasone/Cisplatin)**

**Indications:** Recurrent lymphoma and Hodgkin’s disease.

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
<th>Days</th>
<th>Cycle frequency:</th>
<th>Total number of cycles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemcitabine</td>
<td>1000mg/m²</td>
<td>200mls N. Saline/30mins</td>
<td>Days 1 &amp; 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>40mg od</td>
<td>oral</td>
<td></td>
<td>Days 1-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin</td>
<td>75mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dose modifications: Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility, steroid effects

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight, CXR
- FBC, ESR
- U & E’s, LFTs, Mg^{2+}, Ca^{2+}, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol inc. CT scans

**Prior to each cycle:**
- Performance score, weight
- FBC, ESR
- U & E’s, LFTs, Mg^{2+}, Ca^{2+}, creatinine
- LDH
- CXR

**Mid Treatment:** After two cycles

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Chlorambucil**

Indication: “Low Grade” non-Hodgkin’s Lymphoma and CLL

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorambucil</td>
<td>10mg od oral</td>
<td></td>
<td>6 weeks</td>
</tr>
</tbody>
</table>

Then for 2 weeks every 4 weeks x 3

Cycle frequency: Every two weeks  Total number of cycles: 6

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – Low
- Delay if neutrophils < 1.0 x 10^9/L or platelets < 100 x 10^9/L

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea, diarrhoea, infertility, hair thinning (rare)

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH

Mid Treatment: After every two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle