

Indication	First line treatment of advanced Hodgkins Lymphoma
Treatment Intent	Curative
Frequency and number of cycles	Every 21 days For up to 6 cycles
Monitoring Parameters pre-treatment	<ul style="list-style-type: none"> • Irradiated blood products required lifelong • Before each cycle patients should be assessed for respiratory symptoms and O² saturation. • ECG prior to treatment. Maximum cumulative dose of doxorubicin = 450-550mg/m². Check previous exposure to anthracyclines. • FBC, U&Es, LFTs at each cycle. • Haematological: Proceed with successive cycles when neutrophils >1.0x10⁹/L and platelets >80x10⁹/L. • Renal: <ul style="list-style-type: none"> ○ Bleomycin: CrCl 10-50ml/min give 75%; CrCl <10ml/min give 50% ○ Cyclophosphamide: CrCl 10-20ml/min give 75%; CrCl <10ml/min give 50% ○ Etoposide: CrCl 15-50ml/min give 75%; CrCl <15ml/min give 50% ○ Dacarbazine: CrCl 45-60ml/min give 80%; CrCl 30-45ml/min give 75%; CrCl <30ml/min give 70% • Hepatic: <ul style="list-style-type: none"> ○ Bleomycin: no information available, clinical decision. ○ Cyclophosphamide: Exposure to active metabolites may not be increased, suggesting that dose reduction may not be necessary. Clinical decision. ○ Doxorubicin: bilirubin 20-51µmol/L give 50%; bilirubin 52-85µmol/L give 25%; bilirubin >85µmol/L omit. ○ Etoposide: bilirubin 26-51µmol/L or AST 60-180 units give 50%; bilirubin >51µmol/L or AST >180 units is a clinical decision. ○ Dacarbazine: Activated and metabolised in the liver. Can be hepatotoxic. Consider dose reduction (no specific advice available) ○ Vincristine: bilirubin 26-51µmol/L or AST/ALT 60-180 units give 50%; bilirubin >51µmol/L and AST/ALT normal give 50%; bilirubin >51µmol/L and AST/ALT >180 omit dose. • Neurotoxicity: Grade 2 motor and Grade 3 sensory toxicity give Vincristine 50% dose or Vinblastine 4-6mg/m². • Age related maximum cumulative dose for Bleomycin (see SPC). Closely monitor those with pre-existing respiratory problems. • Lung toxicity - discontinue Bleomycin. • Skin toxicity Severe skin desquamation may require discontinuation of bleomycin and/or doxorubicin.

Protocol No	HAEM-HL-017	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V2	Written by	M.Archer
Supersedes version	V1	Checked by	C.Waters (V1) O.Okuwa (V1) V2 updated as per SOP-005
Date	09.06.21	Authorising consultant (usually NOG Chair)	C Wykes (V1)

	<ul style="list-style-type: none"> Advise patients to drink at least 2.5litres of fluid on the day after cyclophosphamide treatment.
References	KMCC SACT proforma HAEM-HL-003 Derby-Burton protocol escalated BEACOPPDac Changes made in line with 'SOP for removal of ranitidine on KMCC protocols and on aria regimens'

NB For funding information, refer to the SACT funding spreadsheet

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Aprepitant	125mg	PO		Take one 125mg capsule one hour prior to chemo on Day 1
	Ondansetron	<75yrs 16mg ≥75mg 8mg	IV	15min	NaCl 0.9% 50ml
	DOXORUBICIN	35mg/m²	IV	3 mins	As a slow bolus through the side of a fast running NaCl 0.9% IV infusion
	MESNA	250mg/m²	IV	15 min	NaCl 0.9% 50ml
	CYCLOPHOSPHAMIDE	1250mg/m²	IV	2 hrs	NaCl 0.9% 250ml
	ETOPOSIDE	200mg/m²	IV	1 hr	NaCl 0.9% 1000ml Diluted to give a concentration of 0.2-0.4mg/ml
	MESNA	250mg/m²	IV	15 min	NaCl 0.9% 50ml
Day 2	Aprepitant	80mg	PO		Take one 80 mg capsule one hour prior to chemo
	Metoclopramide	20mg	PO	stat	Totally daily dose must not exceed 30mg including TTO supply
	ETOPOSIDE	200mg/m²	IV	1 hr	NaCl 0.9% 1000ml
	DACARBAZINE	250mg/m²	IV	30 min	NaCl 0.9% 250ml
Day 3	Aprepitant	80mg	PO		Take one 80 mg capsule one hour prior to chemo

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	Metoclopramide	20mg	PO	Stat	Totally daily dose must not exceed 30mg including TTO supply
	ETOPOSIDE	200mg/m²	IV	1 hr	NaCl 0.9% 1000ml
	DACARBAZINE	250mg/m²	IV	30min	NaCl 0.9% 250ml
Day 8	Metoclopramide	20mg	PO	stat	Totally daily dose must not exceed 30mg including TTO supply
	VINCRISTINE sulphate	1.4mg/m² (max 2mg)	IV	5-10 mins	NaCl 0.9% 50ml
	BLEOMYCIN sulphate	10,000IU/ m²	IV	3 min	As a slow bolus through the side of a fast running NaCl 0.9% IV infusion

TTO	Drug	Dose	Route	Directions
Day 1	Non E/C Prednisolone	40mg/m²/day	PO	Days 1-14 (inclusive)
	Omeprazole	20mg	PO	OD
	Co-trimoxazole	480mg	PO	BD Mon, Wed and Fri for 21 days
	Allopurinol	300mg	PO	OD for 21 days First cycle only
	Metoclopramide	10mg	PO	Up to TDS regularly for 3 days, then 10mg TDS PRN. Do not take for more than 5 days continuously. Maximum 30mg per day including pre-chemo dose.
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	SC	OD Dispense 5 days supply Give from day 9 until WBC > or = 1.0 x 10 ⁹ /L for 3 days
	Chlorhexidine gluconate mouthwash	10ml	TOP	QDS
	Aciclovir	400mg	PO	BD
	Mesna	400mg	PO	1 single dose to be taken 8 hours after the start of Cyclophosphamide IV on Day 1 .
	Fluconazole	50mg	PO	OD for 21 days.

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