Indication	Hodgkins Lymphoma
Treatment Intent	Curative
Frequency and number of cycles	Repeat every 28 days Maximum of 6 cycles. Bleomycin should be omitted from cycle 3 onwards if planning to receive 6 cycles of chemotherapy and interim PET scan shows remission.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • **Before each cycle, patients must be assessed for respiratory symptom and O_2 saturations.** • **Patients must receive lifelong irradiated blood products** • Consider lung function tests in those with a history of respiratory disease or heavy smoking before cycle one and as clinically indicated. • ECG should be checked before the start of treatment. • A baseline MUGA scan/echocardiogram should be performed where the patient is considered at risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, >/= 70 years old, previous exposure to anthracyclines, previous thoracic radiotherapy. • MUGA scan/echo should be repeated if there is suspicion of cardiac toxicity at any point during treatment. • FBC, U&Es and LFT at each cycle. • No dose delays or reduction required for haematological toxicity. Discuss with consultant patients who are unwell / admission with neutropenic sepsis/platelets <50. • GCSF should be avoided in combination with bleomycin, but can be used if clinically indicated at clinicians discretion. • Maximum cumulative dose of Doxorubicin = 450-550mg/m^2. Check previous exposure to anthracyclines. • Age related maximum cumulative dose for Bleomycin (see SMPC). • **Hepatic impairment:** o Doxorubicin: bilirubin 20-51umol/L give 50% dose; bilirubin 52-85umol/L give 25% dose; bilirubin > 85umol/L omit. Doxorubicin is contraindicated in patients with severe liver impairment (Child-Pugh C). o Vinblastine: A reduction of 50% recommended if bilirubin >50. • **Renal impairment:** o Dacarbazine; consider dose reduction if CrCl <60ml/min. If CrCL 45-60ml/min give 80% dose, 30-44ml/min 75% dose, and if CrCl <30ml/min give 70% dose. o Bleomycin: CrCl 10-50ml/min give 75%; CrCl < 10ml/min give 50%. • **Dose Modification:** o Bleomycin must be discontinued if any symptoms of lung toxicity. o In the event of severe skin lesions e.g. desquamation consider discontinuation of bleomycin. o Vinblastine, reduce to 3mg/m^2 if grade 2 neuropathy develops. o Doxorubicin: consider dose reduction in the event of cardiac impairment. • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** Ciclosporin can increase concentration of doxorubicin. Caution when doxorubicin used with other cardiotoxic drugs Erythromycin may increase the toxicity of vinblastine. Serum levels of anticonvulsants may be reduced by cytotoxic drug regimens which include vinblastine.

	Caution should be exercised in patients concurrently taking drugs known to inhibit drug metabolism by hepatic cytochrome P450 isoenzymes in the CYP 3A subfamily, or in patients with hepatic dysfunction. Con-current administration of vinblastine sulphate with an inhibitor of this metabolic pathway may cause an earlier onset and/or an increased severity of side-effects.
References	KMCC proforma HAEM-HL-001 v3 Oxford ABVD protocol http://nssg.oxford-haematology.org.uk/lymphoma/documents/lymphoma-chemo-protocols/L-8%20-%20abvd.pdf SPC accessed online 22.04.2022

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 28 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1 and 15	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15min	Sodium Chloride 0.9% 50ml
	VINBLASTINE	**6mg/m²**	IV	5-10mins	Sodium Chloride 0.9% 50ml
	DOXORUBICIN	**25mg/m²**	IV	Bolus	Over 3 minutes through the side of a fast running sodium chloride 0.9% infusion
	BLEOMYCIN	**10,000 iu/m²**	IV	Bolus	Over 3 minutes through the side of a fast running sodium chloride 0.9% infusion
	DACARBAZINE (DTIC)	**375mg/m²**	IV	30mins	Sodium Chloride 0.9% 500ml
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	2mg	PO	TDS on days **1, 2, 3** and days **15, 16 and 17 only**	
	Allopurinol	300mg	PO	OM Cycle 1 only	
	Ondansetron	8mg	PO	BD for on days **1 to 5** and days **15 to 19**	
	Co-trimoxazole	480mg	PO	BD Mon, Weds Fri	
	Aciclovir	400mg	PO	BD	