NON-HODGKIN LYMPHOMA TREATMENT REGIMENS:
Adult T-Cell Leukemia/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.

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<tr>
<th>REGIMEN</th>
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<tr>
<td><strong>Primary Therapy—Chronic Smoldering</strong></td>
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| Zidovudine (Retrovir) + alpha-interferon (Roferon) | **Induction Therapy**
Zidovudine 1g orally daily + alpha-interferon 9 million units SC daily for at least 2 months, **followed by**
**Maintenance Therapy**
Zidovudine 600mg orally daily + alpha-interferon 4.5 million units SC daily for at least 1 year. |
| **Primary Therapy—Acute** | |
| Zidovudine + alpha-interferon | **Induction Therapy**
Zidovudine 1g orally daily + alpha-interferon 9 million units SC daily for at least 2 months, **followed by**
**Maintenance Therapy**
Zidovudine 600mg orally daily + alpha-interferon 4.5 million units SC daily for at least 1 year. |
| CHOP (cyclophosphamide [Cytoxan] + doxorubicin [Adriamycin] + vincristine [Oncovin] + prednisone) | **Day 1:** Cyclophosphamide 750mg/m² IV + doxorubicin 50mg/m² IV + vincristine 1.4mg/m² IV (max dose 2mg), **plus**
**Days 1–5:** Prednisone 100mg orally daily.
Repeat cycle every 3 weeks for 6–8 cycles. |
| Dose-adjusted EPOCH (etoposide [VP-16; Etopophos] + prednisone + vincristine + cyclophosphamide + doxorubicin) | **Days 1–4:** Etoposide 50mg/m² continuous IV + doxorubicin 10mg/m² continuous IV + vincristine 0.4mg/m² continuous IV, **plus**
**Days 1–5:** Prednisone 60mg/m² orally twice daily, **plus**
**Day 5:** Cyclophosphamide 750mg/m² IV.
Repeat cycle every 3 weeks for 6 cycles. |
| HyperCVAD (cyclophosphamide + vincristine + doxorubicin + dexamethasone) alternating with methotrexate (MTX) and cytarabine (ARA-C; Cytosar-U) | **Days 1–3:** Cyclophosphamide 300mg/m² IV every 12 hrs for 6 doses.
**Days 4 and 11:** Vincristine 2mg/m² IV (first dose is 12 hrs after last dose of cyclophosphamide).
**Days 1–4 and 11–14:** Dexamethasone 40mg orally daily + granulocyte colony-stimulating factor (G-CSF) 5mcg/kg IV or SC 24 hrs after the end of doxorubicin until granulocyte count >4,500/mcl, **followed by**
MTX and Cytarabine (begins immediately after clinical and hematologic recovery)
**Days 1–2:** MTX 200mg/m² IV bolus, **followed by** MTX 800mg/m² IV.
**Day 3:** Cytarabine 3,000mg/m² IV every 12 hrs for 4 doses, **OR**
**Day 3:** Cytarabine 1,000mg/m² IV for >60 years old, or serum creatinine >1.5mg/dL + folic acid 50mg orally 24 hrs after the end of the MTX, **followed by**
15mg folic acid orally every 6 hrs for 8 doses.
Repeat cycle every 3 weeks for 4 cycles.
NOTE: Alkaline fluids should be administered throughout this course. Doses on subsequent courses are modified for a delay in hematologic recovery. Delay >7 days for thrombocytopenia, neutropenia, serious infection; cyclophosphamide, doxorubicin, vincristine doses reduced by 20%; MTX by 25%; cytarabine by 1/3 of the original dose. |

continued
**NON-HODGKIN LYMPHOMA TREATMENT REGIMENS:**
**Adult T-Cell Leukemia/Lymphoma (Part 2 of 2)**

## Primary Therapy—Lymphoma

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<td><strong>Dose-adjusted EPOCH</strong> (etoposide + prednisone + vincristine + cyclophosphamide + doxorubicin)</td>
<td><strong>Days 1–4:</strong> Etoposide 50mg/m² continuous IV + doxorubicin 10mg/m² continuous IV + vincristine 0.4mg/m² continuous IV, plus Days 1–5: Prednisone 60mg/m² orally twice daily, plus Days 5: Cyclophosphamide 750mg/m² IV. Repeat cycle every 3 weeks for 6 cycles.</td>
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<td><strong>HyperCVAD</strong> (cyclophosphamide + vincristine + doxorubicin + dexamethasone) alternating with MTX and cytarabine</td>
<td><strong>Days 1–3:</strong> Cyclophosphamide 300mg/m² IV every 12 hrs for 6 doses. Days 4–5: Doxorubicin 25mg/m² continuous IV for 2 days. Days 4 and 11: Vincristine 2mg/m² IV (first dose is 12 hrs after last dose of cyclophosphamide). Days 1–4 and 11–14: Dexamethasone 40mg orally daily + granulocyte colony-stimulating factor (G-CSF) 5mcg/kg IV or SC 24 hrs after the end of doxorubicin until granulocyte count &gt;4,500/mcL, followed by MTX and Cytarabine (begins immediately after clinical and hematologic recovery from HyperCVAD course) Days 1–2: MTX 200mg/m² IV bolus, followed by MTX 800mg/m² IV. Days 3: Cytarabine 3,000mg/m² IV every 12 hrs for 4 doses, OR Days 3: Cytarabine 1,000mg/m² IV for &gt;60 years old, or serum creatinine &gt;1.5mg/dL + folic acid 50mg orally 24 hrs after the end of the MTX, followed by 15mg folic acid orally every 6 hrs for 8 doses. Repeat cycle every 3 weeks for 4 cycles.</td>
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### References


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