ChlVPP (based on LY09 Trial)

INDICATION: Hodgkin's lymphoma where anthracyclines-based chemotherapy is contraindicated

Prior to a course of treatment

- Check FBC - patient should have adequate bone marrow reserve i.e neutrophils > 1.5, platelets > 100 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly
- Check recent renal and hepatic function are within normal limits - *if not discuss with consultant and see dose modification*
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to male patients
- Written consent for course

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC, U&Es, creat, LFTs - neutrophils should be > 1.5, platelets > 100 - *see dose modifications*

On day 8 of each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC – *see dose modifications*

Chlorambucil *	6mg/m^2	PO	days 1-14
Vinblastine	6mg/m^2	IV bolus	days 1 and 8
Procarbazine **	100mg/m^2 od	PP	days 1-14
Prednisolone	40mg/m^2	PO	days 1-14

Repeat cycle every 28 days for up to 6 cycles

* 2mg tablets ** 50mg capsules

NB: Patient must be advised to avoid alcohol while taking procarbazine

Prophylaxis for acute emesis	None required
Prophylaxis for delayed emesis	Metoclopramide for 14 days
Other medications	Allopurinol 300mg od for 14 days with cycle 1
	Anti-infective prophylaxis according to local policy

Dose modification (day 1) for leucopenia and infection

• Neutrophils > 1.5 on day 1	Proceed with 100% doses
• Neutrophils < 1.5 on day1	Defer treatment for 1-2 weeks
• Neutrophils remains <1.5 despite delay	Consider GCSF for up to 1 week – *discuss with consultant*
• Neutrophils fails to recover despite GCSF	ChlVPP may be inappropriate – *discuss with consultant*

• If treatment is delayed > 1week, or >1 delay, or an episode of neutropenic sepsis	Consider GCSF prophylaxis with subsequent cycles – *discuss with consultant*
• If further delay or neutropenic sepsis despite GCSF	Consider proceeding at 50-75% chlorambucil, vinblastine and procarbazine – *discuss with consultant*
Dose modification (day 1) for thrombocytopenia	
• Platelets >100 on day 1	Proceed at 100% doses
• Platelets < 100 on day 1	Delay cycle 1-2 weeks
• Platelets remain < 100 despite delay	Consider proceeding at 50-75% dose chlorambucil, vinblastine and procarbazine or proceed at 100% dose with platelet support - *discuss with consultant*
Dose modification (day 8) for neutropenia and thrombocytopenia	
• Neutrophils > 1.5 and plats > 100	*Proceed at 100% doses*
• Neutrophils 1.0 – 1.5 or plats 50 -100	Consider 100% dose with GCSF support or proceed with 50% vinblastine and chlorambucil & stop procarbazine – *discuss with consultant*
• Neutrophils < 1.0 or plats < 50	Consider proceeding with 100% doses and GCSF support or omit vinblastine. Stop chlorambucil and procarbazine – *discuss with consultant*
Dose modification for vinblastine neurological toxicity	
• If grade 2 motor (*mild objective weakness interfering with function but not with activities of daily living*) or grade 3 sensory neurological toxicity (*sensory loss or paresthesia interfering with activities of daily living*) appears, reduce the dose to 3mg/m^2.	
• If toxicity increases despite dose reduction, stop vinblastine.	
Unavailability or intolerance of procarbazine	Consider using etoposide 100mg od PO for 5 days
Dose modification for renal dysfunction	
• If serum creatinine > 180μmol/l	Consider procarbazine dose reduction – *discuss with consultant*
Dose modification for liver dysfunction	
• Bilirubin 26 - 57μmol/l or AST/ALT 60-180	Use 50% dose vinblastine
• Bilirubin > 57μmol/l and normal AST/ALT	Use 50% dose vinblastine
• Bilirubin >57μmol/l and AST/ALT >180	Omit vinblastine
• In severe liver dysfunction consider reduced dose of chlorambucil	

ChlVPP Toxicities

Neutropenic sepsis	Nausea (moderate) – but severe with alcohol & procarbazine
Thrombocytopenia	Amenorrhoea & infertility (offer semen cryopreservation)
Hyperglycaemia	Alopecia
Peripheral neuropathy	Autonomic neuropathy – constipation, ileus
Rash (photosensitivity with procarbazine)	Second malignancies (late)

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