

Please note the protocols within this list are highly complex and local policies for prescribing and supportive care should be referred to. The list below is advisory and not to be used as a prescribing template.

Hodgkins Lymphoma – primary treatment						
REGIMEN	Indication	Drugs				
ABVD	Primary chemotherapy for patients with Hodgkins lymphoma. Note very elderly patients or those with cardiac or pulmonary comorbidities may not be suitable for this protocol.	Days	Drug	Dose	Route	Comments
		1 & 15	Doxorubicin	25mg/m ² (max 50mg)	IV	Bolus injection via fast running drip of 0.9% NaCl
		1 & 15	Bleomycin †	10,000units/m ²	IV	Infusion in 250mls 0.9% NaCl over 60mins
		1 & 15	Vinblastine	6mg/m ² (max 10mg)	IV	Intravenous infusion in 50ml sodium chloride 0.9% over 10 minutes, as per national guidance. Nurse to remain with patient throughout infusion
		1 & 15	Dacarbazine	375mg/m ²	IV	Infusion in 500mls 0.9% NaCl over at least 60mins.
ChIVPP	Primary chemotherapy for elderly patients. May be used for relapsed patients not suitable for intensive salvage and HSCT.	Days	Drug	Dose	Route	Comments
		1-14	Chlorambucil	6mg/m ² od	PO	
		1 & 8	Vinblastine	6mg/m ² (max 10mg)	IV	Intravenous infusion in 50ml sodium chloride 0.9% over 10 minutes, as per national guidance. Nurse to remain with patient throughout infusion
		1-14	Procarbazine	100mg/m ² od (max 200mg)	PO	Avoid Alcohol (disulfiram reaction); avoid tyramine containing foods (weak MAOI action). Round dose to nearest 50mg.
		1-14	Prednisolone EC	40mg/m ² od (max 60mg)	PO	Take in mornings; swallow whole with food

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Hodgkins Lymphoma – primary treatment			
REGIMEN	Indication	Drugs	
Escalated BEACOPP	As part of RATH-L national NCRN trial for Advanced stage HD and positive PET scan after 2 cycles. Not suitable for elderly patients or patients with poor performance status.	BEACOPP-escalated for 3-4 cycles (Cycle repeats every 21 days) Doxorubicin 35mg/m ² iv day 1 Cyclophosphamide 1200mg/m ² iv day 1 Etoposide 200mg/m ² iv days 1-3 Procarbazine 100mg/m ² po days 1-7 Prednisolone 40mg/m ² po days 1-14 Bleomycin 10,000units/m ² iv day 8 Vincristine* 1.4mg/m ² iv day 8 *maximum 2 mg G-CSF 263/300mcg s/c day 8 -13 (or PEG-Filgrastim single dose)	
BEACOPP-14	As part of RATH-L national NCRN trial for Advanced stage HD and positive PET scan after 2 cycles. Not suitable for elderly patients or patients with poor performance status.	BEACOPP-14 for 4-6 cycles (Cycle repeats every 14 days) Doxorubicin 25mg/m ² iv day 1 Cyclophosphamide 650mg/m ² iv day 1 Etoposide 100mg/m ² iv days 1-3 Procarbazine 100mg/m ² po days 1-7 Prednisolone 80mg/m ² po days 1-7 Bleomycin 10,000units/m ² iv day 8 Vincristine* 1.4mg/m ² iv day 8 *maximum 2 mg G-CSF 263/300mcg s/c day 8-13 (or PEG-Filgrastim single dose)	

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Hodgkins Lymphoma – Salvage regimens						
REGIMEN	Indication	Drugs				
ESHAP	For patients with relapsed HL, considered fit for intensive treatment and a candidate for autologous stem cell transplant.	Days	Drug	Dose	Route	Comments
		1 OR 5	Cytarabine	2g/m ²	IV	Infusion in 500mls-1litre 0.9% NaCl over 2hrs
		1-4	Etoposide	40mg/m ² od	IV	Infusion in 250-1000mls 0.9% NaCl infusion over 1hr
		1-4	Cisplatin	25mg/m ² od	IV	Infusion in 500mls-1litre 0.9% NaCl over 24hrs
		1-5	Methylprednisolone	500mg od	IV	Infusion in 100mls 0.9% NaCl over 15-30 mins
Please note significant risk of nephrotoxicity and GFR should be monitored						
IVE	For patients with relapsed HL, considered fit for intensive treatment and a candidate for autologous stem cell transplant.	Days	Drug	Dose	Route	Comments
		1	Epirubicin	50mg/m ²	IV	Bolus injection via fast running drip of 0.9% NaCl
		1-3	Etoposide	200mg/m ²	IV	Infusion in 1litre 0.9% NaCl over 2hrs
		1-3	Mesna †	600mg/m ² od	IV	Bolus
		1-3	Ifosfamide + Mesna	3g/m ² + 3g/m ²	Combined IV	Infusion in 1litre 0.9% NaCl over 22hrs
4	Mesna	1.8g/m ²	IV	Infusion in 1litre 0.9% NaCl over 12hrs		

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Mini-BEAM	For patients with relapsed HL, considered fit for intensive treatment and a candidate for autologous stem cell transplant.	<table border="1"> <thead> <tr> <th>Days</th> <th>Drug</th> <th>Dose</th> <th>Route</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Carmustine</td> <td>60mg/m²</td> <td>IV</td> <td>Infusion in 250-500mls 0.9% NaCl (use PVC free infusion bag) over 1hr</td> </tr> <tr> <td>2-5</td> <td>Cytarabine</td> <td>100mg/m² twice daily</td> <td>IV</td> <td>Infusion in 100mls 0.9% NaCl over 30mins</td> </tr> <tr> <td>2-5</td> <td>Etoposide</td> <td>75mg/m² od</td> <td>IV</td> <td>Infusion in 500mls 0.9% NaCl over 1hr</td> </tr> <tr> <td>6</td> <td>Melphalan †‡</td> <td>30mg/m²</td> <td>IV</td> <td>Bolus injection; give within 30mins of preparation OR infusion in 0.9% NaCl over 30mins (use within 3 hours after reconstitution).</td> </tr> </tbody> </table>	Days	Drug	Dose	Route	Comments	1	Carmustine	60mg/m ²	IV	Infusion in 250-500mls 0.9% NaCl (use PVC free infusion bag) over 1hr	2-5	Cytarabine	100mg/m ² twice daily	IV	Infusion in 100mls 0.9% NaCl over 30mins	2-5	Etoposide	75mg/m ² od	IV	Infusion in 500mls 0.9% NaCl over 1hr	6	Melphalan †‡	30mg/m ²	IV	Bolus injection; give within 30mins of preparation OR infusion in 0.9% NaCl over 30mins (use within 3 hours after reconstitution).
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1	Carmustine	60mg/m ²	IV	Infusion in 250-500mls 0.9% NaCl (use PVC free infusion bag) over 1hr																							
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6	Melphalan †‡	30mg/m ²	IV	Bolus injection; give within 30mins of preparation OR infusion in 0.9% NaCl over 30mins (use within 3 hours after reconstitution).																							
GEM-P	<p>Relapsed high-grade NHL and Hodgkins lymphoma.</p> <p>This is often applied as a third line protocol, for patients receiving previous salvage chemotherapy.</p>	<p>Gemcitabine (1000 mg m⁻²) days 1, 8 and 15. Cisplatin (100 mg m⁻²) day 15 only, with pre & post hydration Methylprednisolone 1000 mg either orally or intravenously on days 1–5.</p> <p>The cycle is repeated every 28 days</p>																									