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A		REGIMEN NAME	CVP*IV Chemotherapy
Cancer		Non-Hodgkin's Lymphoma (Low Grade)	Palliative Intent
Regimen Category		CORE: Standard therapy endorsed by the Disease Site Group and a regimen widely used by most integrated cancer programs in this disease site.	
Rationale and Uses		First-line/salvage therapy for indolent lymphoma	

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B				DRUG REGIMEN
PREDNISONE	40-60 mg/m ² (or 100 mg PO Daily)	PO	For 5 days ,days 1 to 5	
(Round to nearest 2.5mg; Outpatient prescription in multiples of 5mg & 50mg tablets)				
<i>(May taper dose over 3 more days, if patient reacts to abrupt discontinuation)</i>				
VINCRIStINE	1.2-1.4 mg/m ² (Max 2mg)	IV	Day 1	
(Round to nearest 0.1mg)				
CYCLOPHOSPHAMIDE	750-1000* mg/m ²	IV	Day 1	
(Round to nearest 10mg)				
*Some clinical trials have used Cyclophosphamide 1000 mg/m ² IV on day 1.				

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C		CYCLE FREQUENCY
REPEAT EVERY 21 DAYS		<i>For a Usual Total of 6 to 8 Cycles</i>

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D**PREMEDICATION AND SUPPORTIVE MEASURES**

ANTIEMETIC REGIMEN:

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Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Hematologic and Non-hematologic Toxicities

See [Appendix 6](#) for general recommendations

Toxicity	Vincristine¹ (% previous dose)	Cyclophosphamide¹ (% previous dose)
Grade 4 hematological ≥ 7d, febrile neutropenia, bleeding	100%	75% or G-CSF for low ANC
Grade 3 non-hematological toxicity	100%	75%
Grade 4 organ toxicity	Discontinue	Discontinue
Neurotoxicity	Mild: 67% Mod: hold until recovery, ↓ 50% Severe: discontinue	100%

¹Prior to retreatment, major organ toxicity should have recovered to ≤ grade 2 and ANC to ≥ 1.5 x 10⁹/L and platelets ≥ 100 x 10⁹/L.

Renal Impairment

Creatinine Clearance (mL/min)	Vincristine (% previous dose)	Cyclophosphamide (% previous dose)
>30-50	No dose adjustment required.	100%
10-30		50-75%
< 10		50% or Omit

Hepatic Impairment

Also consider dose modification for vincristine for severe increase in transaminases.

Bilirubin	Vincristine (% previous dose)	Cyclophosphamide (% previous dose)
1 – 2 X ULN	50%	100%
2 – 4 x ULN	25%	Caution
> 4 X ULN	OMIT	Caution

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F**ADVERSE EFFECTS**

Refer to the Cyclophosphamide, Vincristine and Prednisone monographs for full details of adverse effects.

Most Frequently Occurring Adverse Effects

- Myelosuppression
- Nausea and vomiting
- Neurotoxicity and constipation
- Hyperglycemia
- Gastric irritation
- Alopecia
- Amenorrhea/infertility
- Fatigue
- Headache
- Cystitis (may be severe)

Less Common but may be severe or life-threatening

- SIADH
- Tumour lysis syndrome
- Pulmonary fibrosis, pneumonitis
- DIC, hemolytic-uremic syndrome, renal failure
- Secondary malignancies
- Arterial/venous thromboembolism
- Bowel obstruction/perforation

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G**INTERACTIONS**

Refer to the Cyclophosphamide, Vincristine and Prednisone monographs for full details.

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H**DRUG ADMINISTRATION AND SPECIAL PRECAUTIONS**

Refer to the Cyclophosphamide, Vincristine and Prednisone monographs for full details.

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