

<b>A</b>		
<b>REGIMEN NAME</b>	<b>CISPLATIN-CYTARABINE (High Dose)-DEXAMETHASONE (DHAP) Chemotherapy</b>	
<b>Cancer</b>	Non-Hodgkin's Lymphoma (Salvage Therapy- Advanced Stage)	Palliative Intent
<b>Regimen Category</b>	Core: Standard therapy endorsed by the Disease Site Group and a regimen widely used by most Integrated Cancer Centres in this disease site	
<b>Rationale and Indication</b>	Salvage Therapy of aggressive histology lymphoma	

<b>B</b>			
<b>DRUG REGIMEN</b>			
<b><u>CISPLATIN</u></b> (Round to nearest 1mg)	100mg/m <sup>2</sup>	CIV	Day 1 Over 24 hours
<i>May give over 4-8 hours, as outpatient treatment</i>			
<b><u>CYTARABINE</u></b> (2 doses of 2000mg/m <sup>2</sup> )	2g/m <sup>2</sup>	IV over 3 hours	Day 2 Q12H
<i>(May give as 2000mg/m<sup>2</sup> CIV over 3 hours daily on Days 2 and 3 or 4g/ m<sup>2</sup> CIV over 6 hours on day 2, for outpatient administration )</i>			
<b>DEXAMETHASONE</b> (Outpatient prescription in multiples of 4mg tablets)	40mg	PO or IV	Days 1 to 4
<i>(If given IV, round to nearest 1mg IV)</i>			

<b>C</b>	
<b>CYCLE FREQUENCY</b>	
<b>REPEAT EVERY 21-28 DAYS</b>	

<b>D</b>	
<b>PREMEDICATION AND SUPPORTIVE MEASURES</b>	
ANTIEMETIC REGIMEN: <b>DAYS 1 &amp; 2 – <u>HESKETH LEVEL 5</u></b>	

**E****DOSE MODIFICATIONS**

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 Toxicities

See [Appendix 6](#) for general recommendations.

Renal Failure

Creatinine Clearance  
= 0.5-1.0mL/sec

< 0.5mL/min

% usual dose  
**REDUCE** Cisplatin\* to **50%** dose

**OMIT** Cisplatin dose

\* Upon the discretion of the prescriber, less dose reduction may be suggested. See section E of [CISPLATIN](#) drug monograph. (Dosage reduction)

**F****ADVERSE EFFECTS**

Refer to the Cisplatin, Cytarabine and Dexamethasone monographs for full details of adverse effects.

Most frequently occurring adverse effects

- Myelosuppression
- Hyperuricemia
- Nausea and vomiting
- Stomatitis
- Neuropathy (Ototoxicity)
- Alopecia
- Cerebral dysfunction
- Acute encephalopathy (including seizures)
- Pulmonary toxicity
- Pigmentation disorder
- Conjunctivitis
- Insomnia
- Hyperglycemia
- Gastric irritation
- Hepatotoxicity
- Nephrotoxicity
- Fatigue
- Muscle weakness
- Cataract

**G INTERACTIONS**

Refer to the Cisplatin, Cytarabine and Dexamethasone monographs for full details.

**H DRUG ADMINISTRATION AND SPECIAL PRECAUTIONS**

Refer to the Cisplatin, Cytarabine and Dexamethasone monographs for full details.

**I CLINICAL MONITORING**

- Clinical toxicity assessment (including gastrointestinal, stomatitis, neurotoxicity, CNS toxicity, conjunctivitis, pulmonary toxicity and ototoxicity).
- Routine blood glucose test.
- CBC before each cycle.
- Baseline and regular liver & renal function (including electrolytes and magnesium) tests and urinalysis.
- Routine pulmonary function exam.

**J ADMINISTRATION INFORMATION**

Patient visit	Approximately 8-9 hours (usually in patient regimen)
Approximate drug cost (chemotherapy only)	\$ 300.00 per treatment cycle
<b><u>Complexity Value*</u></b>	
Regimen	147 Per cycle
Pharmacy	100 Per cycle
Chemo Nursing	47 Per cycle
* Complexity value is the fixed time spent in minutes by nursing and pharmacy with respect to administration for each treatment cycle.	

**K**

**KEY REFERENCE(S)**

Velasquez WS, Cabanillas F, Salvador P, et al. Effective salvage therapy for lymphoma with cisplatin combination with high-dose Ara-C and dexamethasone (DHAP). Blood, 1988; 71: 117-122

McLaughlin P, Velasquez WS, Redman Jr et al. Chemotherapy with dexamethasone, high-dose cytarabine, and cisplatin for parenchymal brain lymphoma. Journal of National Cancer Institute 1988; 80 (17): 1408- 1412.