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<b>A</b>	<b>REGIMEN NAME</b> FLUDARABINE Chemotherapy	
<b>Cancer</b>	Non-Hodgkin's Lymphoma (Low Grade) <span style="float: right;">Palliative Intent</span>	
<b>Regimen Category</b>	<b><u>CORE, RESTRICTED CCO:</u></b> standard therapy endorsed by the Disease Site Group and a regimen which requires eligibility confirmation for reimbursement by the CCO New Drug Funding Program.	
<b>Rationale and Uses</b>	Second-line therapy for previously treated patients with stage III-IV low-grade lymphoma	

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<b>B</b>	<b>DRUG REGIMEN</b>		
<b><u>FLUDARABINE</u></b> (Round to nearest 2.5mg)	25mg/m <sup>2</sup>	IV	Days 1 to 5

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<b>C</b>	<b>CYCLE FREQUENCY</b>	
<b>REPEAT EVERY 28 DAYS</b>	<i>Until disease response, disease progression or unacceptable toxicity</i>	

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<b>D</b>	<b>PREMEDICATION AND SUPPORTIVE MEASURES</b>	
<b>ANTIEMETIC REGIMEN:</b> <b><u>HESKETH LEVEL 1</u></b>	Allopurinol and hydration to reduce the risk of tumour lysis syndrome are recommended.	

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**E****DOSE MODIFICATIONS**

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

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

Toxicity / Grade	Action	Dose next cycle
Platelet < 100 x 10 <sup>9</sup> /L and/or ANC < 1.5 x 10 <sup>9</sup> /L	Hold until recovery	↓ 25%
Febrile neutropenia, thrombocytopenic bleeding	Hold until recovery	↓ 25%
Grade 3 non-hematologic toxicity	Hold until recovery	↓ 25%
Grade 4 non-hematologic toxicity OR Any grade neurotoxicity, hemolysis OR Suspected/proven pneumonitis/fibrosis	Discontinue	Discontinue

Hepatic Impairment: No data available; use with caution.

Renal ImpairmentCreatinine Clearance

30 - 70 mL/sec

&lt; 30 mL/sec

% usual dose**REDUCE to 50%****DISCONTINUE**

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**F****ADVERSE EFFECTS**

Refer to the Fludarabine monograph for full details of adverse effects.

Most Frequently Occurring Adverse Effects:

- Myelosuppression
- Infection; including opportunistic
- GI (nausea/vomiting, stomatitis, diarrhea)
- Fever
- Fatigue
- Rash (may be severe)
- Visual changes

Less Common but may be Severe or Life-Threatening

- Autoimmune disorders (e.g. hemolytic anemia, TTP)
- Tumour lysis syndrome
- Encephalopathy, CNS toxicity (e.g. seizures, confusion, agitation)
- Pulmonary fibrosis/pneumonitis
- MDS (with alkylating agents)
- Bleeding
- Heart failure, angina

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**K****KEY REFERENCE(S)**

Coiffier B, Neidhardt-Berard EM, Tilly H, et al. Fludarabine alone compared to CHVP plus interferon in elderly patients with follicular lymphoma and adverse prognostic parameters: a GELA study. *Annals of Oncology* 1999; 10: 1191-7.

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Redman JR, Cabanillas F, Velasquez WS, et al. Phase II trial of fludarabine phosphate in lymphoma: An effective new agent in low-grade lymphoma. *J Clin Oncol.* 1992 May; 10(5): 790-4.

Solal-Celigny P, Brice P, Brousse N, et al. Phase II trial of fludarabine monophosphate as first-line treatment in patients with advanced follicular lymphoma: a multicenter study by the groupe d'etude des lymphomes de l'adulte. *JCO* 1996; 14: 514-9.

**[CCO Practice Guidelines](#)**: Treatment with Fludarabine for Patients with Follicular and other Low Grade Non-Hodgkin's Lymphoma and Waldenstrom's Macroglobulinemia

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