2 Lymphomas - NHL and Hodgkin's

2.28 Protocol Name: F-GIV

Indication

- Third line therapy for relapsed NHL and HL (e.g. relapsed post salvage chemotherapy such as ASCT or Platinum based regimen)

Pre-treatment Evaluation

- Reassess original histological diagnosis according to WHO classification.
- Review International Prognostic Index (NHL) score at diagnosis
- Re-stage disease with CT scan chest, abdomen and pelvis, and bone marrow aspirate and trephine biopsy.
- If CNS disease is suspected then MRI scan and CSF cytology should be checked.
- Record WHO performance status.
- Record current height, weight and surface area (consider capping max. surface area at 2.0m²).
- Document FBC (+ film), U&E, creatinine, LFTs, LDH, calcium, magnesium and clotting screen.
- Assess patient’s cardio-pulmonary status (including quantification of previous anthracycline exposure) and request ECG ± echocardiogram and/or pulmonary function tests if indicated.
- Give adequate verbal and written information for patients and relatives concerning patient’s disease, treatment strategy and side effects/mortality risk.
- If appropriate, discuss potential risk of infertility/early menopause with patient and relatives.
## Drug Regimen - Full dose  (OPCS code:……..)

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 mins</td>
<td>IV Mesna 600mg/m² in 100ml of normal saline over 15 minutes</td>
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<tr>
<td></td>
<td>15 mins</td>
<td>IV Ifosfamide 3g/ m² in 1 litre of normal saline over 2 hours</td>
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<tr>
<td></td>
<td>2hrs 15 mins</td>
<td>IV Vinorelbine 25mg/ m² in 100mls of normal saline over 5-10 minutes</td>
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<tr>
<td></td>
<td>2hrs 25 mins</td>
<td>IV Dexamethasone 16mg in 250ml normal saline over 15 minutes</td>
</tr>
<tr>
<td></td>
<td>2hrs 40 mins</td>
<td>IV Gemcitabine 1000mg/ m² in 500mls of normal saline over 30 minutes</td>
</tr>
<tr>
<td></td>
<td>4hrs 15 mins</td>
<td>PO Mesna 1.2g/ m²</td>
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<tr>
<td></td>
<td>8hrs 15 mins</td>
<td>PO Mesna 1.2g/ m²</td>
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<tr>
<td>8</td>
<td>0 mins</td>
<td>IV Vinorelbine 25mg/ m² in 100mls of normal saline over 5-10 minutes</td>
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<tr>
<td></td>
<td>10 mins</td>
<td>IV Dexamethasone 16mg in 250ml normal saline over 15 minutes</td>
</tr>
<tr>
<td></td>
<td>25 mins</td>
<td>IV Gemcitabine 1000mg/ m² in 500mls of normal saline over 30 minutes</td>
</tr>
<tr>
<td>9</td>
<td>SC</td>
<td>PEG-Filgrastim 6mg</td>
</tr>
</tbody>
</table>

- Dexamethasone should be commenced immediately following completion of vinorelbine infusion
- Patients should be encouraged to increase oral fluid intake on days 1 and 2.

### Cycle Frequency and Duration

- Repeated every 21 days as soon as blood count recovery ascertained - neutrophils 1.0 x 10⁹/l and platelets (unsupported) >100 x 10⁹/l.
- Assess response after 2 cycles. Responding patients >25% reduction in sites of previous disease proceed to 2 further cycles (total of 4)

### Dose Modifications

- Delay treatment until neutrophils > 1.0x10⁹/l and platelets > 100x10⁹/l unless cytopenia is disease related.
- For frail or poor performance status patients one can omit the Ifosfamide and mesna

### Investigations Prior to Each Dose of Chemotherapy

- FBC, U&E, creatinine, LFTs, calcium.

### Assessment of Response
• CT scan chest, abdomen and pelvis (+/- bone marrow aspirate and trephine biopsy if marrow disease at relapse) after 2 and 4 cycles of treatment.

**Anti-emetics**

• All patients should be pre-medicated with a 5HT₃-receptor antagonist and a proton pump inhibitor

**Adverse Effects**

• Nausea/vomiting.
• Severe myelosuppression (neutrophils <0.1 x 10⁹/l and platelets <20 x 10⁹/l) is expected.
• Mucositis.
• Uroepithelial toxicity

**References**


**Patient Information**

http://www.cancerbackup.org.uk/Treatments/Chemotherapy/Individualdrugs