

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Adult T-Cell Leukemia/Lymphoma (Part 1 of 2)

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced health care team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are provided only to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data become available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Primary Therapy—Chronic Smoldering¹

Note: All recommendations are Category 2A unless otherwise indicated.

REGIMEN	DOSING
Zidovudine + alpha-interferon ^{2,6}	<p>Induction Therapy Zidovudine 1g orally daily + alpha-interferon 9 million units SC daily for at least 2 months, followed by</p> <p>Maintenance Therapy Zidovudine 600mg orally daily + alpha-interferon 4.5 million units SC daily for at least 1 year.</p>

Primary Therapy—Acute¹

Zidovudine + alpha-interferon ^{2,6}	<p>Induction Therapy Zidovudine 1g orally daily + alpha-interferon 9 million units SC daily for at least 2 months, followed by</p> <p>Maintenance Therapy Zidovudine 600mg orally daily + alpha-interferon 4.5 million units SC daily for at least 1 year.</p>
CHOP ^{7a}	<p>Day 1: Cyclophosphamide 750mg/m² IV + doxorubicin 50mg/m² IV + vincristine 1.4mg/m² IV (max dose 2mg), plus</p> <p>Days 1-5: Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 6-8 cycles.</p>
CHOEP ^{8,9a}	<p>Days 1-4: Etoposide 50mg/m²/day continuous IV infusion + doxorubicin 10mg/m²/day continuous IV infusion + vincristine 0.4mg/m²/day continuous IV infusion</p> <p>Days 1-5: Prednisone 60mg/m² orally daily</p> <p>Day 5: Cyclophosphamide 750mg/m² IV over 15 minutes. Repeat cycle every 3 weeks for 6-8 cycles.</p>
Dose-adjusted EPOCH ^{10a}	<p>Days 1-4: Etoposide 50mg/m²/day continuous IV infusion + doxorubicin 10mg/m²/day continuous IV infusion + vincristine 0.4mg/m²/day continuous IV infusion</p> <p>Days 1-5: Prednisone 60mg/m² orally BID</p> <p>Day 5: Cyclophosphamide 750mg/m² IV over 15 minutes. Repeat cycle every 3 weeks for 6-8 cycles. Adjust doses based on absolute neutrophil count.</p>
HyperCVAD ^{11a}	<p>Cycle 1, 3, 5, 7:</p> <p>Days 1-3: Cyclophosphamide 300mg/m² IV over 2 hours every 12 hours for 6 doses + mesna 600mg/m²/day continuous IV infusion starting 1 hour before cyclophosphamide until 12 hours after completion</p> <p>Day 4: Doxorubicin 50mg/m² IV over 24 hours</p> <p>Days 1-4 and Day 11-14: Dexamethasone 40mg IV or orally</p> <p>Days 4 and 11: Vincristine 2mg IV.</p> <p>Cycle 2, 4, 6, 8:</p> <p>Day 1: Methotrexate 200mg/m² IV over 2 hours, then 800mg/m² IV over 22 hours + leucovorin 50mg IV every 6 hours beginning 12 hours after completion of methotrexate</p> <p>Days 2 and 3: Cytarabine 3,000mg/m² (1,000mg/m² for patients ≥60 years old) IV over 2 hours every 12 hours.</p> <p>CNS Prophylaxis</p> <p>Day 2: Methotrexate 12mg intrathecally</p> <p>Day 7: Cytarabine 100mg intrathecally.</p>

continued

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Adult T-Cell Leukemia/Lymphoma (Part 2 of 2)

Primary Therapy—Lymphoma¹

REGIMEN	DOSING
CHOP^{7a}	<p>Day 1: Cyclophosphamide 750mg/m² IV + doxorubicin 50mg/m² IV + vincristine 1.4mg/m² IV (max dose 2mg), plus</p> <p>Days 1–5: Prednisone 100mg orally daily.</p> <p>Repeat cycle every 3 weeks for 6–8 cycles.</p>
CHOEP^{8,9a}	<p>Days 1–4: Etoposide 50mg/m²/day continuous IV infusion + doxorubicin 10mg/m²/day continuous IV infusion + vincristine 0.4mg/m²/day continuous IV infusion</p> <p>Days 1–5: Prednisone 60mg/m² orally daily</p> <p>Day 5: Cyclophosphamide 750mg/m² IV over 15 minutes.</p> <p>Repeat cycle every 3 weeks for 6–8 cycles. Adjust doses based on absolute neutrophil count.</p>
Dose-adjusted EPOCH^{10a}	<p>Days 1–4: Etoposide 50mg/m²/day continuous IV infusion + doxorubicin 10mg/m²/day continuous IV infusion + vincristine 0.4mg/m²/day continuous IV infusion</p> <p>Days 1–5: Prednisone 60mg/m² orally BID</p> <p>Day 5: Cyclophosphamide 750mg/m² IV over 15 minutes.</p> <p>Repeat cycle every 3 weeks for 6–8 cycles. Adjust doses based on absolute neutrophil count.</p>
HyperCVAD^{11a}	<p>Cycle 1, 3, 5, 7:</p> <p>Days 1–3: Cyclophosphamide 300mg/m² IV over 2 hours every 12 hours for 6 doses + mesna 600mg/m²/day continuous IV infusion starting 1 hour before cyclophosphamide until 12 hours after completion</p> <p>Day 4: Doxorubicin 50mg/m² IV over 24 hours</p> <p>Days 1–4 and Day 11–14: Dexamethasone 40mg IV or orally</p> <p>Days 4 and 11: Vincristine 2mg IV.</p> <p>Cycle 2, 4, 6, 8:</p> <p>Day 1: Methotrexate 200mg/m² IV over 2 hours, then 800mg/m² IV over 22 hours + leucovorin 50mg IV every 6 hours beginning 12 hours after completion of methotrexate</p> <p>Days 2 and 3: Cytarabine 3,000mg/m² (1,000mg/m² for patients ≥60 years old) IV over 2 hours every 12 hours.</p> <p>CNS Prophylaxis</p> <p>Day 2: Methotrexate 12mg intrathecally</p> <p>Day 7: Cytarabine 100mg intrathecally.</p>

^a There are no published data regarding the use of these regimens; however, they are used at NCCN Member Institutions for the treatment of adult T-cell leukemia/lymphoma.

References

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