

ChLVPP

Treatment of advanced Hodgkin's Lymphoma when ABVD is considered unsuitable

Drugs/Dosage: **Chlorambucil** 6mg/m² (max 10mg) po once daily from D1 to D14
 Vinblastine 6mg/m² (max 10mg) IV D1 and D8
 Prednisolone 40mg (fixed dose) po once daily from D1 to D14
 Procarbazine 100mg/m² (max 150mg) po once daily from D1 to D14

Administration: Vinblastine diluted in 50ml 0.9% sodium chloride and infused over 5 - 10 minutes
 Chlorambucil available as 2mg tablets; they need to be stored in the fridge; may be taken at bed-time to avoid daytime nausea
 Procarbazine available as 50mg capsules; procarbazine daily dose may be divided evenly during the day
 Prednisolone tablets to be taken in the morning with or after food

Other drugs: Allopurinol 300mg po daily - review at 3 weeks
 Use of proton pump inhibitor or H₂ receptor antagonist (e.g. ranitidine) is recommended whilst treating with steroids.

Frequency: 28 day cycle
 Review after 3 cycles and treat for 6 – 8 cycles

Main Toxicities: myelosuppression; constipation; peripheral neuropathy; stomatitis;
 alopecia; steroid side effects; ovarian failure; infertility

Anti – emetics: mildly emetogenic

Extravasation: Vinblastine is a vesicant

Regular FBC D1 and D8
Investigations: LFTs D1
 U&Es D1
 LDH D1

Comments: Procarbazine is a mild MAOI – alcohol should be avoided whilst taking it. Dietary restrictions are not required, although patients should be advised of the foods that have the rare potential to cause an unpleasant reaction (as listed in the procarbazine PIL).

Dose Modifications

Haematological If neutrophils < 1.0 x 10⁹/l or platelets < 100 x 10⁹/l, proceed as follows:
Toxicity: **With curative intent:** discuss with Consultant re: delay / use of G-CSF to maintain dose intensity
 Without curative intent: delay chemotherapy until FBC recovered

 If low counts are due to marrow infiltration, discuss with Consultant.

Renal Impairment: Patients with impaired renal function may be more prone to myelosuppression with chlorambucil.

Reason for Update: 2 yearly review	Approved by Chair of Network TSSG: Dr A Laurie
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Prepared by: S Taylor	Checked by: C Tucker

Procarbazine may also accumulate with renal impairment, but there is a lack of specific information. A dose reduction could be considered, and it should be avoided in severe renal impairment.

Hepatic Impairment:

ALT/AST	Bilirubin (µmol/l)	Vinblastine Dose
60 – 180 or	26 –51	Give 50% dose
Normal and	> 51	Give 50% dose
> 180 and	> 51	Discontinue

Dose reduction of chlorambucil is recommended with gross hepatic dysfunction.

Bilirubin (µmol/L)	AST (units)	Procarbazine Dose
> 50	N/A	Consider 50% dose reduction
> 85 or	> 180	Contra-indicated

Neuropathy: If Grade 2 neuropathy develops, reduce dose of vinblastine to 3mg/m²

Patient Information: Macmillan leaflet for ChIVPP

Reference: Selby, P et al; British Journal of Cancer 1990; 62: 279 – 285

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