

DECC (Newcastle Lymphoma Group)

INDICATION: Palliative treatment of Hodgkin’s lymphoma

Prior to a course of treatment

- Check FBC - patient should have adequate bone marrow reserve i.e neutrophils > 1.5, platelets > 100 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly. Note cytopenias may also be secondary to previous chemotherapy
- Check recent renal and hepatic function are within normal limits – see suggested dose modifications
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to male patients
- Written consent for course

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC, U&Es, creat, LFTs - neutrophils should be > 1.0, platelets > 75 - see *dose modifications*

Lomustine ¹	80mg/m ² *	PO	Day 1
Etoposide ²	150mg/m ²	PO	Days 1 - 3
Chlorambucil ³	15mg/m ² od	PO in 3 divided doses **	Days 1- 4
Dexamethasone ⁴	6mg/m ²	PO	Days 1 - 5

Repeat cycle every 4 – 6 weeks until maximum response or treatment-related toxicity

* max. 160mg ** max. 30mg/day

1- 40mg tablets 2- 50 and 100mg tablets 3- 2mg tablets 4- 2mg tablets

- Prophylaxis for acute emesis** Metoclopramide
- Prophylaxis for delayed emesis** Metoclopramide for 14 days
- Other medications**
- Allopurinol 300mg od for 7 days with cycle 1
- Omeprazole 20mg od
- Cotrimoxazole 480mg od

Dose modification for haematological toxicity

- If neuts <1.0 or plats <75 at 4-6 weeks after treatment consider continuing at 50% dose for cytotoxic agents depending on degree of cytopenia or further treatment may be inappropriate – *discuss with consultant*

Suggested dose modification for renal dysfunction

- No initial reduction for chlorambucil indicated but monitor carefully for haematological toxicity and adjust as necessary
- Reduce lomustine to 75% if creatinine clearance <50ml/min, 50% if < 10ml.min
- Reduce etoposide to 75% if creatinine clearance <50ml/min, 50% if < 10ml.min

Suggested dose modification for liver dysfunction

- If bilirubin > 57µmol/l consider initial chlorambucil reduction and adjust according to haematological toxicity
- If AST/ALT > 5x ULN or bilirubin >25µmol/l withhold lomustine
- If bilirubin 25-50µmol/l reduce etoposide to 50%, if bilirubin 50-85µmol/l reduce to 25%, avoid if >85µmol/l

DECC Toxicities

Neutropenic sepsis	Nausea (moderate)
Thrombocytopenia	Amenorrhoea & infertility (offer semen cryopreservation)
Hyperglycaemia	Alopecia
Gastric ulceration	Pulmonary fibrosis
Alopecia	Stomatitis
Second malignancies (late)	Rash

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