

## GDCVP

**INDICATION:** Hodgkin's Lymphoma

### Prior to a course of treatment

- Assess cardiac function by history & exam, ECG and CXR. If there is evidence of cardiac disease or risk factors, prior anthracyclines or patient > 70yrs perform a MUGA scan. If LVEF < 50% discuss with consultant.
- Check recent U&Es, creat, LFTs – if abnormal discuss with consultant
- Check FBC. Patient should have adequate bone marrow reserve, i.e neutrophils > 1.0, platelets >100 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly
- Blood and platelet transfusions must be irradiated indefinitely - inform transfusion lab
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss (low) risk of infertility - offer semen cryopreservation to male patients
- Written consent for course

### Prior to each dose

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC, U&Es, creat, LFTs - neuts must be >1.0 and plats > 100 – see *dose modifications*

Gemcitabine	1g/m <sup>2</sup> in 250mL NaCl 0.9%	IV infusion over 30min	day 1
Dacarbazine	500mg/m <sup>2</sup> in 250mL NaCl 0.9%	IV infusion over 30min**	day 1
Cyclophosphamide	750mg/m <sup>2</sup> in 250mL NaCl 0.9%	IV infusion over 30min	day 1
Vincristine	1.4mg/m <sup>2</sup> in 50mL NaCl 0.9%*	IV infusion over 5mins	day 1
Prednisolone	40mg/m <sup>2</sup>	PO	days 1-5
	* max. 2mg	** Protect from light during infusion	

**Repeat cycle every 21 days for up to 6 cycles**

**Prophylaxis for acute emesis**

**5HT antagonist**

**Prophylaxis for delayed emesis**

**5HT antagonist for 2-3 days followed by metoclopramide PRN**

**Other medications**

**Allopurinol 300mg od for 5 days (cycle 1)**

**Anti-infective prophylaxis according to local policy**

### Dose modifications

Neutrophils  $\geq 1 \times 10^9/L$

100% dose

Neutrophils  $\leq 1 \times 10^9/L$

Delay treatment 1 week, Give GCSF to maintain dose intensity (either daily from day 2 for 7-10 days or pegylated filgrastim on day 2) with each subsequent cycle

Following first episode of grade 3 or 4 neutropenic sepsis or when a nadir shows severe neutropenia ( $< 0.5 \times 10^9/L$ )

Give GCSF with each subsequent cycle (either daily from day 2 for 7-10 days or pegylated filgrastim on day 2)

Following second episode of grade 3 or 4 neutropenic sepsis

Reduce dose of myelosuppressive drugs by 25% and continue GCSF as above

Platelets  $\geq 100 \times 10^9/L$

100% dose

Platelets  $< 100 \times 10^9/L$

Defer treatment 1 week

**Dose modification for hepatotoxicity (unless due to lymphoma)**

Bilirubin < 1.5 x upper limit of normal	100% dose doxorubicin
Bilirubin 1.5–3.0 x upper limit of normal	50% dose doxorubicin
Bilirubin > 3 x upper limit of normal	25% dose doxorubicin
Bilirubin > 51micromol/L	50% dose vincristine

**Dose modification for renal dysfunction**

If Creatinine Clearance < 10mL/min	Discuss with consultant. Consider 50% reduction to cyclophosphamide
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**Dose modification for neurological toxicity • Grade 2 motor (mild objective weakness**

Grade 2 motor (mild objective weakness interfering with function but not with activities of daily living) or grade 3 sensory (sensory loss or paraesthesia interfering with activities of daily living) toxicity	Reduce vincristine dose to 1mg
Grade 2 motor (mild objective weakness interfering with function but not with activities of daily living) or grade 3 sensory (sensory loss or paraesthesia interfering with activities of daily living) toxicity	Stop vincristine

**Modification for cardiotoxicity**

If symptoms or signs of cardiac failure develop, the LVEF should be measured by MUGA scan. Inform consultant.

**Toxicities**

Neutropenic sepsis & thrombocytopenia	Nausea & vomiting (none-mild)
Peripheral neuropathy	Constipation & ileus
Haemorrhagic cystitis	Mucositis
Hyperglycaemia	Alopecia (usually patchy)
Amenorrhoea & infertility (offer semen cryopreservation)	Cardiac arrhythmias & cardiomyopathy
Pain on infusion (dacarbazine) – consider dilution or PICC line	Flu-like symptoms - fever, myalgia, malaise beginning 2-7 days later (dacarbazine)
Liver dysfunction (dacarbazine)	Photosensitivity (dacarbazine)

**Written by** Dr Rokicka, Consultant Haematologist

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