

Pediatric Classical Hodgkin Lymphoma (cHL)

2023 Interactive
Risk-Stratified
Primary Treatment
Dosing Guide

For Intravenous & Oral Therapeutic Agents



HIGH RISK

Pgs 9-18

INTERMEDIATE RISK

Pgs 5-8

LOW RISK

Pgs 2-4



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Click a risk category to see available agents

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OEPA x2 cycles INDICATION NOTES: **NCCN Category 1**^a; Per GPOH-2002; EuroNet-PHL-C1



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Vincristine				GROWTH FACTORS	
Route of Administration: IV	1.5mg/m² IV days 1, 8, 15		 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via 		Tissue irritation, inflammation or necrosis may occur upon
Do not give intrathecally	(Max 2mg/dose)		IV infusion		extravasation
Etoposide					
Route of Administration: IV	125mg/m² IV daily on days 2-6	2 cycles	300mg/m²/hr (10mg/kg/hr) ^c Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested	NOT	Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone		CC		REQUIRED	extravasation
Route of Administration: Oral	60mg/m² PO daily on days 1-15	(1 cycle = 28 days)			
Doxorubicin					
Route of Administration: IV	40mg/m² IV days 1 and 15		Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes		Tissue irritation, inflammation or necrosis may occur upon
			 It is recommended that this be administered through the tubing of rapidly infusing D5W or 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		extravasation





ABVD Per adult guidelines; Routine use of growth factors is not recommended with ABVD; Leukopenia is not a factor for delay of treatment or reduction of dose intensity



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Doxorubicin				GROWTH FACTORS	
Route of Administration: IV	25mg/m² IV days 1 and 15		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		Select patients (Deauville 3 after 2 cycles of ABVD) can be changed to AVD for 4 additional cycles. Tissue irritation,
Bleomycin			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		inflammation or necrosis may occur upon extravasation
Route of Administration: IV	10 units/m² IV days 1 and 15	3-4 cycles	Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL ^c	NOT	
Vinblastine		CCCC	CCCC	RECOMMENDED	
Route of Administration: IV Do not give intrathecally	6mg/m² IV days 1 and 15	(1 cycle = 28 days) duration is dependent on response	 Do not administer intrathecally It is recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Dacarbazine					
Route of Administration: IV	375mg/m² IV days 1 and 15		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion may be relieved by
					application of hot packs



AVPC x3 cycles INDICATION NOTES: For mixed cellularity; Per AHOD0431



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Doxorubicin				GROWTH FACTORS	
Route of Administration: IV	25mg/m² IV days 1 and 2		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Vincristine			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		
Route of Administration: IV	1.4mg/m² IV days 1 and 8	3 cycles	 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 	NOT	Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally Prednisone	(Max 2.8mg/dose)	CCC	CCC	REQUIRED	extravasation
Route of Administration: Oral	20mg/m² PO Twice daily on days 1-7	(1 cycle = 21 days)	May round up to nearest 2.5mg tablet		
Cyclophosphamide					
Route of Administration: IV	600mg/m² IV days 1 and 2		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but it may be administered at 		
			institutional discretion or if hematuria occurs		



ABVE-PC x2 cycles INDICATION NOTES: NCCN Category 1°; per AHOD0031; Rapid Early Responders (RER) receive 2 more cycles; Slow Early Responders (SER) receive 2 more cycles plus ISRT





	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Doxorubicin				GROWTH FACTORS	
Route of Administration: IV	25mg/m² IV days 1 and 2		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		
Bleomycin			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		
Route of Administration: IV	5 units/m² IV day 1 10 units/m² IV day 8		 Note: The dose is different on days 1 and 8 IV administration: Infuse over a minimum of 10 minutes (no greater than 1 unit/min) and at a concentration not to exceed 3units/mL^c 	Yes - should receive filgrastim or pegfilgrastim as outlined below:	
Vincristine				Filgrastim:	
Route of Administration: IV Do not give intrathecally	1.4mg/m² IV days 1 and 8 (Max 2.8mg/dose)	4 cycles	CCCC	5mcg/kg/dose SC daily beginning on day 4, 5, 6, 7, 8 or 9, per institutional policy, and continuing until ANC > 1000 occurs after nadir Stop G-CSF by day 20	Tissue irritation, inflammation or necrosis may occur upon extravasation
Etoposide		CCCC			
Route of Administration: IV	125mg/m² IV daily on days 1-3	(1 cycl e = 21 days)			Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone			 Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested 	100mcg/kg SC x1 dose (max 6mg) on day 4, 5 or 6	
Route of Administration: Oral	20mg/m² PO 2x daily on days 1-7		 May round up to nearest 2.5mg tablet If patient is unable to take prednisone by mouth, methylprednisolone may be given IV at 80% of the dose 	(
Cyclophosphamide					
Route of Administration: IV	800mg/m² IV day 1		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but it may be administered at institutional discretion or if hematuria occurs 		





OEPA



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Vincristine				GROWTH FACTORS	
Route of Administration: IV	1.5mg/m² IV days 1, 8, 15		 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally	(Max 2mg/dose)		inusion		extravasation
Etoposide					
Route of Administration: IV	125mg/m² IV daily on days 2-6	2 cycles	300mg/m²/hr (10mg/kg/hr) ^c Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested	WOT	Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone		CC		NOT REQUIRED	
Route of Administration: Oral	60mg/m² PO daily on days 1-15	(1 cycle = 28 days)			
Doxorubicin					
Route of Administration: IV	40mg/m² IV days 1 and 15		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		Tissue irritation, inflammation or necrosis may occur upon extravasation
			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		





INDICATION NOTES: NCCN Category 1^a; Per EuroNet; Inadequate response - COPDAC x 2 cycles; Inadequate response - COPDAC x2 cycles plus ISRT

COPDAC

EMETOGENIC RISK:



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Cyclophosphamide				GROWTH FACTORS	
Route of Administration: IV	500mg/m² IV days 1 and 8		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but it may be administered at 		
Vincristine			institutional discretion or or if hematuria occurs		
Route of Administration: IV	1.5mg/m² IV days 1 and 8	2 cycles	 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 	NOT	Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally	(Max 2mg/dose)	CC			extravasation
Prednisone				REQUIRED	
Route of Administration: Oral	40mg/m² PO daily on days 1-15	(1 cycl e = 28 days)	May round up to nearest 2.5mg tablet		
	(Max 80mg/day)				
Dacarbazine					
Route of Administration: IV	250mg/m² IV days 1–3		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion
					may be relieved by application of hot packs



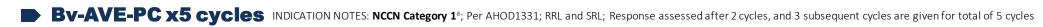


ABVD INDICATION NOTES: Routine use of growth factors is not recommended with ABVD; Leukopenia is not a factor for delay of treatment or reduction of dose intensity; Leukopenia is not a factor for delay of treatment or reduction of dose intensity





	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Doxorubicin				GROWTH FACTORS	
Route of Administration: IV	25mg/m² IV days 1 and 15		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is suggested that this be administered through the tubing of rapidly infusing D5W or 0.9% 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin			NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician		
Route of Administration: IV	10 units/m² IV days 1 and 15	3-4 cycles	Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL ^c		
Vinblastine		CCCC		NOT RECOMMENDED	
Route of Administration: IV	6mg/m² IV days 1 and 15	(1 cycle = 28 days) duration is dependent on response	 Do not administer intrathecally It is suggested to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Dacarbazine					
Route of Administration: IV	375mg/m² IV days 1 and 15		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion may be relieved by
Administration: IV	_				irritation during the infus





	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Brentuximab vedotin			 Give prior to other chemotherapy agents and do not mix with other medications. Administer over 30 minutes. Do not administer as an IV push or bolus 	GROWTH FACTORS	
Route of Administration: IV Doxorubicin	1.8mg/kg IV day 1 (Max 180mg/dose)		 Actual weight should be used except for patients weighing > 100kg. The dose for patients > 100kg will be calculated based on a weight of 100kg For previous infusion reactions, all subsequent doses should receive premedication with diphenhydramine with or without acetaminophen or dexamethasone. Additionally, subsequent dosing should be infused over the shortest period that was well tolerated 		No light protection is needed during administration
Route of Administration: IV Vincristine	25mg/m ² IV days 1 and 2		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 	Yes - should receive filgrastim or pegfilgrastim as outlined below: Filgrastim:	Tissue irritation, inflammation or necrosis may occur upon extravasation
Route of Administration: IV Do not give intrathecally Etoposide	1.4mg/m² IV day 8 (Max 2.8mg/dose)	5 cycles	 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 	Filgrastim: 5mcg/kg/dose SC daily beginning on day 4, 5, 6, 7, 8 or 9, per institutional policy, and continuing until ANC > 1000 occurs after nadir Stop G-CSF by day 20 Pegfilgrastim: 100mcg/kg SC x1 dose (max 6mg) on day 4, 5 or 6	Tissue irritation, inflammation or necrosis may occur upon extravasation
Route of Administration: IV Prednisone	125mg/m² IV daily on days 1-3	(1 cycle = 21 days)	 Infuse diluted solution with a max concentration ≤ 0.4mg/mL over at least 1 -2 hours. Slow the rate of administration if hypotension occurs. The rate should not exceed 300mg/m²/hr (10mg/kg/hr)^c Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Route of Administration: Oral	20mg/m² PO 2x daily on days 1-7		 May round up to nearest 2.5mg tablet If patient is unable to take prednisone by mouth, methylprednisolone may be given IV at 80% of the dose 		
Cyclophosphamide					
Route of Administration: IV	600mg/m² IV days 1 and 2		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but it may be administered at institutional discretion or if hematuria occurs 		



INDICATION NOTES: NCCN Category 1a; Adequate response (AR) and inadequate response (IR) receive x4 cycles of COPDAC; IR will receive involved-site radiation therapy to all sites and boost to sites of inadequate response; Per EuroNet-PHL-C1

OEPA



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Vincristine				GROWTH FACTORS	
Route of Administration: IV	1.5mg/m² IV days 1, 8, 15		 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via 		Tissue irritation, inflammation or necrosis may occur upon
Do not give intrathecally	(Max 2mg/dose)		IV infusion		extravasation
Etoposide					
Route of Administration: IV	125mg/m² IV daily on days 2-6	2 cycles	 Infuse diluted solution with a max concentration ≤ 0.4mg/mL over at least 1-2 hours. Slow the rate of administration if hypotension occurs. The rate should not exceed 300mg/m²/hr (10mg/kg/hr)^c 	NOT REQUIRED	Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone		CC	 Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested 		
Route of Administration: Oral	60mg/m² PO daily on days 1-15	(1 cycle = 28 days)	• May round up to nearest 2.5mg tablet		
Doxorubicin					
Route of Administration: IV	40mg/m² IV days 1 and 15		Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this has administered through the tubing of rapidly infusing DEW or		Tissue irritation, inflammation or necrosis may occur upon extravasation
			 It is recommended that this be administered through the tubing of rapidly infusing D5W or 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		EXTIGNOSOFILI



INDICATION NOTES: **NCCN Category 1**^a; Adequate response (AR) and inadequate response (IR) receive x4 cycles of COPDAC; IR will receive involved-site radiation therapy to all sites and boost to sites of inadequate response; Per EuroNet-PHL-C1

COPDAC



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Cyclophosphamide				GROWTH FACTORS	
Route of Administration: IV	500mg/m² IV days 1 and 8		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but may be administered at 		
Vincristine			institutional discretion or if hematuria occurs		
Route of Administration: IV	1.5mg/m² IV days 1 and 8	4 cycles	 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 	NOT	Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally	(Max 2mg/dose)	CCCC			extravasation
Prednisone				REQUIRED	
Route of Administration: Oral	40mg/m² PO daily on days 1-15	(1 cycle = 28 days)	days) • May round up to nearest 2.5mg tablet		
	(Max 80mg/day)				
Dacarbazine					
Route of Administration: IV	250mg/m² IV days 1–3		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion may be relieved by application
					of hot packs



■ AEPA x2 cycles → CAPDAC x4 cycles INDICATION NOTES: HLHR13; AR and IR receive x4 cycles of CAPDAC; IR will receive XRT

AEPA



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Brentuximab vedotin			 Give prior to other chemotherapy agents and do not mix with other medications. Administer over 30 minutes. Do not administer as an IV push or bolus 	GROWTH FACTORS	
Route of Administration: IV	1.2mg/kg IV days 1, 8, and 15		 Actual weight should be used except for patients weighing > 100kg. The dose for patients > 100kg will be calculated based on a weight of 100kg For previous infusion reactions, all subsequent doses should receive premedication with 		
Etoposide	(Max 120mg/dose)		diphenhydramine with or without acetaminophen or dexamethasone. Additionally, subsequent dosing should be infused over the shortest period that was well tolerated		
Route of Administration: IV	125mg/m² IV on days 1-5	2 cycles	300mg/m²/hr (10mg/kg/hr) ^c • Administer through non-PVC tubing • The use of an in-line filter during the infusion is suggested	or ne	Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone		CC			
Route of Administration: Oral	60mg/m² PO Divided TID on days 1-15	(1 cycl e = 28 days)			
Doxorubicin	(Max 30mg/dose TID)				
Route of Administration: IV	40mg/m² IV days 1 and 15				Tissue irritation, inflammation or necrosis may occur upon extravasation
			O.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician		CACCAACACTOTT



CAPDAC





	DOSING	DURATION	INDICATION NOTES	PRI MARY PROPHYLAXIS WITH	COMMENTS
Cyclophosphamide				GROWTH FACTORS	
Route of Administration: IV	500mg/m² IV days 1 and 8		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes^d Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but may be administered at institutional discretion or if hematuria occurs 		
Brentuximab vedotin					
Route of Administration: IV	1.2mg/kg IV days 1 and 8	4 cycles	Give prior to other chemotherapy agents and do not mix with other medications. Administer over 30 minutes. Do not administer as an IV push or bolus Actual weight should be used executions weightings. 100kg. The does for notice to		
	(Max 120mg/dose)	CCCC	 Actual weight should be used except for patients weighing > 100kg. The dose for patients > 100kg will be calculated based on a weight of 100kg For previous infusion reactions, all subsequent doses should receive premedication with diphenhydramine with or without acetaminophen or dexamethasone. Additionally, 	NOT REQUIRED	
Prednisone		(1 cycle = 21 days)	subsequent dosing should be infused over the shortest period that was well tolerated	A-1	
Route of Administration: Oral	40mg/m² PO Divided TID on days 1-15		May round up to nearest 2.5mg tablet		
Dacarbazine	(Max 20mg/dose TID)				
Route of Administration: IV	250mg/m² IV days 1–3		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion may be relieved by application of hot packs









	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS	
Doxorubicin				GROWTH FACTORS		
Route of Administration: IV	25mg/m² IV days 1 and 2		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or b intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		Tissue irritation, inflammation or necrosis may occur upon extravasation	
Bleomycin			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 			
Route of Administration: IV	5 units/m² IV days 1 - 5 10 units/m² IV days 8 - 10		 Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL^c Note: The dose is different on days 1 and 8 	Yes - should receive filgrastim or pegfilgrastim as outlined below:		
Vincristine				Filgrastim:		
Route of Administration: IV	1.4mg/m² IV days 1 and 8	5 cycles CCCC (1 cycle = 21 days)	5 cycles	 Do not administer intrathecally It is recommended to avoid the IV push route and instead give in a minibag via IV infusion 	5mcg/kg/dose SC daily beginning on day 4, 5, 6, 7, 8 or 9,	Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally Etoposide	(Max 2.8mg/dose)			per institutional policy, and continuing until ANC > 1000 occurs after nadir Stop G-CSF by day 20 Pegfilgrastim: 100mcg/kg SC x1 dose (max 6mg) on day 4, 5 or 6	CAMUVUSUMON	
Route of Administration: IV	125mg/m² IV daily on days 1-3		 Infuse diluted solution with a max concentration ≤ 0.4mg/mL over at least 1 -2 hours. Slow the rate of administration if hypotension occurs. The rate should not exceed 300mg/m²/hr (10mg/kg/hr)^c 		Tissue irritation, inflammation or necrosis may occur upon extravasation	
Prednisone			 Administer through non-PVC tubing The use of an in-line filter during the infusion is suggested 			
Route of Administration: Oral	20mg/m² PO 2x daily on days 1-7		May round up to nearest 2.5mg tablet			
Cyclophosphamide						
Route of Administration: IV	600mg/m² IV days 1 and 2		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30-60 minutes Hydrate the patient according to institutional guidelines Mesna is not required for this dose of cyclophosphamide, but may be administered at institutional discretion or if hematuria occurs 			

BEACOPP x4-8 cycles INDICATION NOTES: Per CCG 59704 regimen; After BEACOPP x4 induction: Female RER receive COPP/ABV x4 cycles; Male RER receive ABVD x2 cycles w/IFRT; SER receive BEACOPP x4 cycles; BEACOPP has been studied in pediatric trials (CCG-59704). Consider only for select patients with extensive disease given concerns for acute and long-term toxicity risk.

EMETOGENIC RISK:

1 Carlo	Δ
High	-12/-

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS	
Etoposide				GROWTH FACTORS		
Route of Administration: IV	200mg/m² IV days 0-2			 Infuse diluted solution with a max concentration ≤ 0.4mg/mL over at least 1-2 hours Slow the rate of administration if hypotension occurs. The rate should not exceed 300mg/m²/hr(10mg/kg/hr)^c Administer through non-PVC tubing 		Tissue irritation, inflammation or necrosis may occurupon extravasation
Doxorubicin			The use of an in-line filter during the infusion is suggested	<i>'</i>		
Route of Administration: IV	35mg/m² IV day 0		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 0.9% NaCl and that it is infused into a large vein 		Tissue irritation, inflammation or necrosis may occur upon extravasation	
Cyclophosphamide			Dexrazoxane can be used per institutional standards at the discretion of the physician			
Route of Administration: IV	1200mg/m² IV day0	4-8 cycles	 Mesna is required per protocol and should be adjusted accordingly for varying levels of hematuria. For patients without existing hematuria, mesna should be given using a total daily dose of equal to 60% of the daily cyclophosphamide dose 			
Prednisone						
Route of Administration: Oral	20mg/m ² PO 2x daily on days 0-13	(1 cycle = 21 days) Tablet siz Administ		Round to the nearest 2.5mg tablet size	NOT REQUIRED	
Procarbazine						
Route of Administration: Oral	100mg/m ² daily on days 0-6		 Tablet size is 50mg Administer tablets to achieve a total weekly dose of 700mg/m²/week. Different doses may need to be given on separate days in order to achieve cumulative weekly dose as listed above 			
Bleomycin						
Route of Administration: IV	10 units/m² IV day7		• Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL ^c			
Vincristine						
Route of Administration: IV	2mg/m² IV day7		 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation	
	(Max 2mg/dose)					



BEACOPP x4-8 cycles INDICATION NOTES: Per CCG 59704 regimen; After BEACOPP x4 induction: Female RER receive COPP/ABV x4 cycles; Male RER receive ABVD x2 cycles w/IFRT; SER receive BEACOPP x4 cycles; BEACOPP has been studied in pediatric trials (CCG-59704). Consider only for select patients with extensive disease given concerns for acute and long-term toxicity risk.

COPP/ABV

EMETOGENIC RISK:

Moderate 😞



DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Cyclophosphamide			GROWTH FACTORS	
Route of 600mg/m² IV day 0		 May be administered undiluted (max 20mg/mL) or further diluted; give over 30 minutes^d Hydrate the patient according to institutional guidelines Mesna is required per protocol and should be adjusted accordingly for varying levels of 		
Vincristine		hematuria. For patients without existing hematuria, mesna should be given using a total daily dose of equal to 60% of the daily cyclophosphamide dose		
Route of 1.4mg/m² IV day 0 (no max dos	e)	 Do not administer intrathecally It is strongly recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Prednisone				
Route of Administration: Oral 40mg/m² divided into 2 dose daily on days 0-13		Round to the nearest 2.5mg tablet size		
Procarbazine	CCCC		NOT	
Route of 100mg/m² Administration: Oral daily on days 0-6	(1 cycle = 28 days)	 Tablet size is 50mg Administer tablets to achieve a total weekly dose of 700mg/m²/week. Different doses may need to be given on separate days in order to achieve cumulative weekly dose as listed above 	REQUIRED	
Doxorubicin				
Route of Administration: IV 35mg/m² IV day 7		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 		Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin		 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		
Route of 10 units/m² IV day 7		Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL ^c		
Vinblastine				
Route of Administration: IV 6mg/m² IV day 7		 Do not administer intrathecally It is recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon extravasation



ABVD INDICATION NOTES: Per Adult Guideline^b; Routine use of growth factors is not recommended with ABVD; Leukopenia is not a factor for delay of treatment or reduction of dose intensity



	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Doxorubicin				GROWTH FACTORS	
Route of Administration: IV	25mg/m² IV days 1 and 15		 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or b intermittent infusion over 1-15 minutes It recommended that this be administered through the tubing of rapidly infusing D5W or 		Select patients (Deauville 3 after 2 cycles of ABVD) can be changed to AVD for 4 additional
Bleomycin			 0.9% NaCl and that it is infused into a large vein Dexrazoxane can be used per institutional standards at the discretion of the physician 		cycles. Tissue irritation, inflammation or necrosis may occur upon extravasation
Route of Administration: IV	10 units/m² IV days 1 and 15	2 avalos	Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL ^c		
Vinblastine		2 cycles CC (1 cycle = 28 days)		NOT	
Route of Administration: IV	6mg/m² IV days 1 and 15		 Do not administer intrathecally It is suggested to avoid the IV push route and instead give in a minibag via IV infusion 	RECOMMENDED	Tissue irritation, inflammation or necrosis may occur upon extravasation
Do not give intrathecally Dacarbazine					CATOTOSICION
Route of Administration: IV	375mg/m² IV days 1 and 15		 Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation. Slow infusion, as needed, if burning during administration occurs 		Local pain, burning, and irritation during the infusion may be relieved by
					application of hot packs









	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH	COMMENTS
Brentuximab vedotin				GROWTH FACTORS	
Route of Administration: IV	1.2mg/kg IV day 1 and 15		Give prior to other chemotherapy agents and do not mix with other medications. Administer over 30 minutes. Do not administer as an IV push or bolus. Actually in the health because for particular and in the property of the proper		No light protection is needed during administration
Dawamhisin	(Max 120mg/dose)		 Actual weight should be used except for patients weighing > 100kg. The dose for patients > 100kg will be calculated based on a weight of 100kg For previous infusion reactions, all subsequent doses should receive premedication with diphenhydramine with or without acetaminophen or dexamethasone. Additionally, subsequent dosing should be infused over the shortest period that was well tolerated 		
Doxorubicin					
Route of Administration: IV	25mg/m² IV days 1 and 15	6 cycles	 Administer at a concentration not to exceed 2mg/mL by slow IV push over 1-5 minutes or by intermittent infusion over 1-15 minutes It is recommended that this be administered through the tubing of rapidly infusing D5W or 	In patients with previously untreated	Tissue irritation, inflammation or necrosis may occur upon extravasation
		CCC	0.9% NaCl and that it is infused into a large vein	Stage 3 or 4 cHL, administer G-CSF	extravasation
Vinblastine		CCC		beginning with Cycle 1	
Route of Administration: IV	6mg/m² IV days 1 and 15	(1 cycl e = 28 days)	 Do not administer intrathecally It is recommended to avoid the IV push route and instead give in a minibag via IV infusion 		Tissue irritation, inflammation or necrosis may occur upon
Do not give intrathecally	·				extravasation
Dacarbazine					
Route of Administration: IV	375mg/m² IV days 1 and 15		Infuse the diluted solution over 15-60 minutes. Rapid infusion may cause severe venous irritation		Local pain, burning, and irritation during the infusion may be relieved by
					application of hot packs



ANC – absolute neutrophil count

AR – adequate response

AVE-PC – doxorubicin hydrochloride (adriamycin), bleomycin, vincristine sulfate, etoposide phosphate, prednisone, and cyclophosphamide

cHL – classical Hodgkin Lymphoma

COPDAC – Cyclophosphamide, Doxorubicin, Prednisone, Dacarbazine

D5W – dextrose 5% in water

G-CSF – granulocyte colony–stimulating factor

IR – inadequate response

ISRT – involved site radiation therapy

IV – intravenous

NCCN – National Comprehensive Cancer Network

OEPA – Vincristine, etoposide, prednisone, and

doxorubicin

PO – per os

PVC – polyvinyl chloride

RER – rapid early responder

RRL – rapid responding lesions

SER – slow early responder

SRL – slow responding lesion

XRT – radiation therapy

REFERENCES

- a) National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Pediatric Hodgkin Lymphoma. Version 2.2023 March 9, 2023. nccn.org accessed March 15, 2023.
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- c) Children's Oncology Group. Parenteral and Oral Chemotherapy Administration Guidelines (Version 11); 2022.
- d) Kelly KM, Sposto R, Hutchinson R, et al. *Blood*. 2011;117(9):2596-603.