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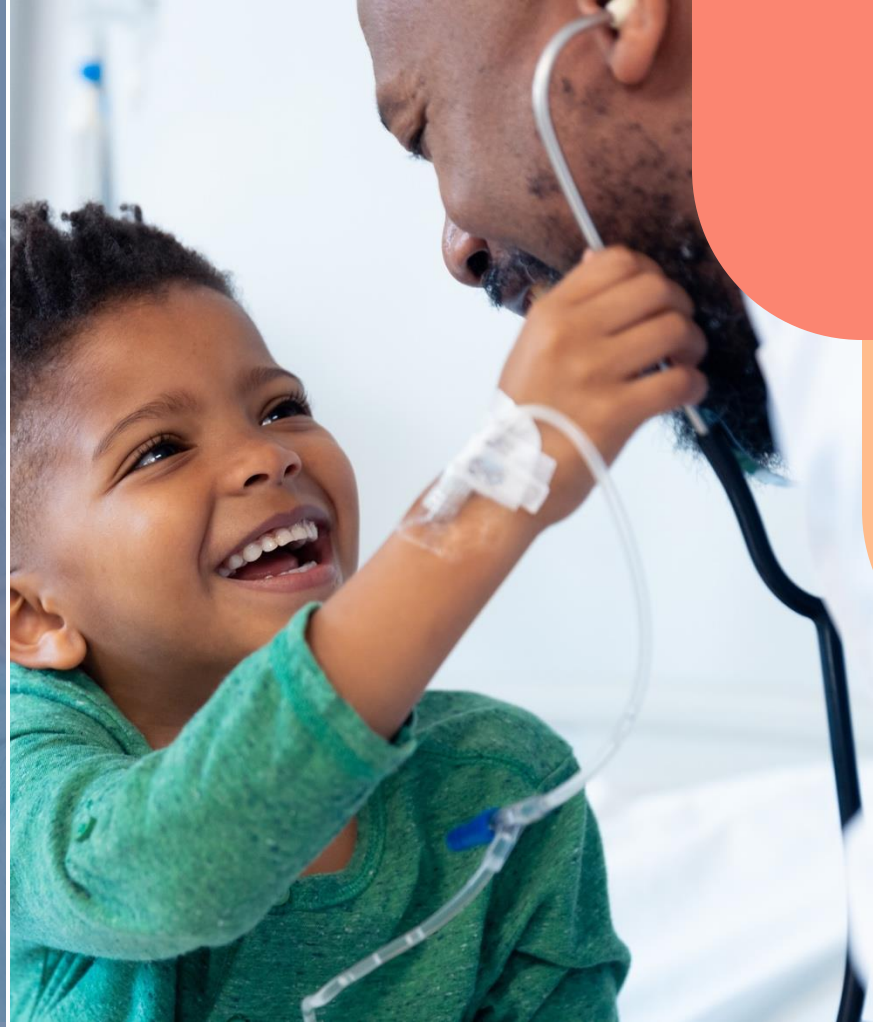
Pediatric Classical Hodgkin Lymphoma (cHL)

2023 Interactive Risk-Stratified Primary Treatment Dosing Guide

For Intravenous & Oral Therapeutic Agents



HIGH RISK

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INTERMEDIATE RISK

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LOW RISK

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OEPA x2 cycles

INDICATION NOTES: **NCCN Category 1**[a]; Per GPOH-2002; EuroNet-PHL-C1

EMETOGENIC RISK: **Moderate**

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Vincristine		2 cycles (1 cycle = 28 days)		NOT REQUIRED	
Route of Administration: IV Do not give intrathecally	**1.5mg/m² IV** days 1, 8, 15 (Max 2mg/dose)		• 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
Etoposide					
Route of Administration: IV	**125mg/m² IV** daily on days 2-6		• 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
Prednisone					
Route of Administration: Oral	**60mg/m² PO** daily on days 1-15		• 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 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		Tissue irritation, inflammation or necrosis may occur upon 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

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin **Route of Administration:** IV	**25mg/m² IV** days 1 and 15	**3-4 cycles** (1 cycle = 28 days) *duration is dependent on response*	• 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	*NOT RECOMMENDED*	Select patients (Deauville 3 after 2 cycles of ABVD) can be changed to AVD for 4 additional cycles. Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin **Route of Administration:** IV	**10 units/m² IV** days 1 and 15		• Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL[c]		
Vinblastine **Route of Administration:** IV Do not give intrathecally	**6mg/m² IV** days 1 and 15		• 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

EMETOGENIC RISK: Moderate

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin		3 cycles (1 cycle = 21 days)		NOT REQUIRED	
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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation
Vincristine					
Route of Administration: IV Do not give intrathecally	**1.4mg/m² IV** days 1 and 8 (Max 2.8mg/dose)		• 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	**20mg/m² PO** Twice 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 it may be administered at institutional discretion or if hematuria occurs		

ABVE-PC x2 cycles

INDICATION NOTES: **NCCN Category 1**[a]; per AHOD0031; Rapid Early Responders (RER) receive 2 more cycles; Slow Early Responders (SER) receive 2 more cycles plus ISRT

EMETOGENIC RISK: **High**

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin					
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 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		
Bleomycin					
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:* **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	
Vincristine					
Route of Administration: IV Do not give intrathecally	**1.4mg/m² IV** days 1 and 8 (Max 2.8mg/dose)	**4 cycles** (1 cycle = 21 days)	• 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
Etoposide					
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] • 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
Prednisone					
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 x2 cycles → COPDAC x2 cycles

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

OEPA

EMETOGENIC RISK: Moderate

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Vincristine		2 cycles (1 cycle = 28 days)		NOT REQUIRED	
Route of Administration: IV Do not give intrathecally	**1.5mg/m² IV** days 1, 8, 15 (Max 2mg/dose)		• 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
Etoposide					
Route of Administration: IV	**125mg/m² IV** daily on days 2-6		• 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
Prednisone					
Route of Administration: Oral	**60mg/m² PO** daily on days 1-15		• 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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation

OEPA x2 cycles → COPDAC x2 cycles

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

COPDAC

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Cyclophosphamide		2 cycles (1 cycle = 28 days)		NOT REQUIRED	
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 institutional discretion or or if hematuria occurs		
Vincristine					
Route of Administration: IV Do not give intrathecally	**1.5mg/m² IV** days 1 and 8 (Max 2mg/dose)		• 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 PO** daily on days 1-15 (Max 80mg/day)		• May round up to nearest 2.5mg tablet		
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

EMETOGENIC RISK: **High**

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin					
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% NaCl and that it is infused into a large vein • Dexrazoxane can be used per institutional standards at the discretion of the physician		Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin					
Route of Administration: IV	**10 units/m² IV** days 1 and 15	**3-4 cycles** (1 cycle = 28 days) *duration is dependent on response*	• Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL[c]	*NOT RECOMMENDED*	
Vinblastine					
Route of Administration: IV Do not give intrathecally	**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		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

Bv-AVE-PC x5 cycles

INDICATION NOTES: **NCCN Category 1**[a]; Per AHOD1331; RRL and SRL; Response assessed after 2 cycles, and 3 subsequent cycles are given for total of 5 cycles

EMETOGENIC RISK: High

DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Brentuximab vedotin **Route of Administration:** IV **1.8mg/kg IV** day 1 (Max 180mg/dose)	5 cycles (1 cycle = 21 days)	• 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 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	*Yes - should receive filgrastim or pegfilgrastim as outlined below:* **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	No light protection is needed during administration
Doxorubicin **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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation
Vincristine **Route of Administration:** IV Do not give intrathecally **1.4mg/m² IV** day 8 (Max 2.8mg/dose)		• 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
Etoposide **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] • 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
Prednisone **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		

OEPA x2 cycles → COPDAC x2 cycles

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

OEPA

EMETOGENIC RISK: **Moderate**

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Vincristine		2 cycles (1 cycle = 28 days)		NOT REQUIRED	
Route of Administration: IV Do not give intrathecally	**1.5mg/m² IV** days 1, 8, 15 (Max 2mg/dose)		• 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
Etoposide					
Route of Administration: IV	**125mg/m² IV** daily on days 2-6		• 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
Prednisone					
Route of Administration: Oral	**60mg/m² PO** daily on days 1-15		• 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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation

OEPA x2 cycles → COPDAC x2 cycles

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

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Cyclophosphamide		4 cycles C C C C (1 cycle = 28 days)		NOT REQUIRED	
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 institutional discretion or if hematuria occurs		
Vincristine					
Route of Administration: IV Do not give intrathecally	**1.5mg/m² IV** days 1 and 8 (Max 2mg/dose)		• 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 PO** daily on days 1-15 (Max 80mg/day)		• May round up to nearest 2.5mg tablet		
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

EMETOGENIC RISK: Moderate

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Brentuximab vedotin		2 cycles (1 cycle = 28 days)	• 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 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	NOT REQUIRED	
Route of Administration: IV	**1.2mg/kg IV** days 1, 8, and 15 (Max 120mg/dose)				
Etoposide			• 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/m^2/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: IV	**125mg/m^2 IV** on days 1-5				
Prednisone			• May round up to nearest 2.5mg tablet		
Route of Administration: Oral	**60mg/m^2 PO** Divided TID on days 1-15 (Max 30mg/dose TID)				
Doxorubicin			• 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		Tissue irritation, inflammation or necrosis may occur upon extravasation
Route of Administration: IV	**40mg/m^2 IV** days 1 and 15				

AEPA x2 cycles → CAPDAC x4 cycles

INDICATION NOTES: HLHR13; AR and IR receive x4 cycles of CAPDAC; IR will receive XRT

CAPDAC

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Cyclophosphamide		4 cycles (1 cycle = 21 days)		NOT REQUIRED	
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 (Max 120mg/dose)		• 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 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		
Prednisone					
Route of Administration: Oral	**40mg/m² PO** Divided TID on days 1-15 (Max 20mg/dose TID)		• May round up to nearest 2.5mg tablet		
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

ABVE-PC x5 cycles

INDICATION NOTES: Per AHOD1331; RRL and SRL; response assessed after 2 cycles, and 3 subsequent cycles are given for total of 5 cycles

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin					
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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin					
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:* **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	
Vincristine					
Route of Administration: IV Do not give intrathecally	**1.4mg/m² IV** days 1 and 8 (Max 2.8mg/dose)	**5 cycles** (1 cycle = 21 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 extravasation
Etoposide					
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] • 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
Prednisone					
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: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Etoposide		4-8 cycles (1 cycle = 21 days)		NOT REQUIRED	
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 • The use of an in-line filter during the infusion is suggested		Tissue irritation, inflammation or necrosis may occur upon extravasation
Doxorubicin					
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 • Dexrazoxane can be used per institutional standards at the discretion of the physician		Tissue irritation, inflammation or necrosis may occur upon extravasation
Cyclophosphamide					
Route of Administration: IV	**1200mg/m² IV** day 0		• 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/m² PO** 2x daily on days 0-13		• Round to the nearest 2.5mg tablet size		
Procarbazine					
Route of Administration: Oral	**100mg/m²** 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** day 7		• 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** day 7 (Max 2mg/dose)		• 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

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 GROWTH FACTORS	COMMENTS
Cyclophosphamide		4 cycles (1 cycle = 28 days)		NOT REQUIRED	
Route of Administration: IV	**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 hematuria. For patients without existing hematuria, mesna should be given using a total daily dose of equal to 60% of the daily cyclophosphamide dose		
Vincristine					
Route of Administration: IV	**1.4mg/m² IV** day 0 (no max dose)		• 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 doses daily on days 0-13		• Round to the nearest 2.5mg tablet size		
Procarbazine					
Route of Administration: Oral	**100mg/m²** 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		
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 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		Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin					
Route of Administration: IV	**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

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Doxorubicin Route of Administration: IV	**25mg/m² IV** days 1 and 15	2 cycles (1 cycle = 28 days)	• 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 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	NOT RECOMMENDED	Select patients (Deauville 3 after 2 cycles of ABVD) can be changed to AVD for 4 additional cycles. Tissue irritation, inflammation or necrosis may occur upon extravasation
Bleomycin Route of Administration: IV	**10 units/m² IV** days 1 and 15		• Infuse slowly over at least 10 minutes at a concentration not to exceed 3 units/mL[c]		
Vinblastine Route of Administration: IV Do not give intrathecally	**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		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

Bv-AVD INDICATION NOTES: ECHELON-1 Trial

EMETOGENIC RISK: High

	DOSING	DURATION	INDICATION NOTES	PRIMARY PROPHYLAXIS WITH GROWTH FACTORS	COMMENTS
Brentuximab vedotin	**Route of Administration:** IV	**1.2mg/kg IV** day 1 and 15 (Max 120mg/dose)	• 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 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	In patients with previously untreated Stage 3 or 4 cHL, administer G-CSF beginning with Cycle 1	No light protection is needed during administration
Doxorubicin	**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 0.9% NaCl and that it is infused into a large vein		Tissue irritation, inflammation or necrosis may occur upon extravasation
Vinblastine	**Route of Administration:** IV Do not give intrathecally	**6mg/m² IV** days 1 and 15	• 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		Local pain, burning, and irritation during the infusion may be relieved by application of hot packs

6 cycles

(1 cycle = 28 days)

ABBREVIATIONS

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.

b) National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Hodgkin Lymphoma. Version 2.2023 – November 8, 2022. nccn.org accessed March 15, 2023.

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.