10.6.1, DA-EPOCH-R: Course n°1

See annexe C6 for the infusion modalities of Etoposide, Doxorubicine, Vincristine together during 4 days.

Starting Dose Level (Level 1)

Begin the infusion of Etoposide, Doxorubicin and Vincristine immediately after Rituximab is completed. The infusion should be administered through a central venous access device.

Administer Cyclophosphamide immediately after infusions of Etoposide, Doxorubicin and Vincristine are completed.

Rituximab 375 mg/m² IV on day 1 before starting chemotherapy

(see annexe A for details)

Predniso(lo)ne 120 mg/m²/day (divided into 2 doses) orally (or IV)

on days 1, 2, 3, 4 and 5

Methylpredniso(lo)ne IV may be used at the same dose of predniso(lo)ne if unable

to take PO.

Etoposide 50 mg/m²/day continuous infusion over 24 h days D1, D2, D3, and D4

(→ 200 mg/m² over 96 h); begin the infusion immediately after Rituximab

is completed

Doxorubicin 10 mg/m²/day continuous infusion over 24 h days D1, D2, D3, and D4

(→ 40 mg/m² over 96 h); begin the infusion immediately after Rituximab

is completed

Vincristine 0.4 mg/m²/day continuous infusion over 24 h days D1, D2, D3, and D4

(→ 1.6 mg/m² over 96 h); begin the infusion immediately after Rituximab

is completed. No dose limitation.

Cyclophosphamide 750 mg/m² IV bolus on day 5; administer Cyclophosphamide immediately after

infusions of Etoposide, Doxorubicin and Vincristine are completed

EPOCH-R

Days	1		2		3		4		5		6
Rituximab	•										
Predniso(lo)ne VP16*	•	•	1•	•	•	•	•	•	•	•	
VP16*											
Doxorubicin											
VCR											
Cyclophospha mide									٠		
G-CSF											•

See annexe C.4.3. for patients intolerant of etoposide or for longer infusion for etoposide induced hypotension.

Start G-CSF subcutaneous injection at the dose of 5 µg/kg/day at D6 (24 hours after the end of cyclophosphamide) until ANC > 5 x 10 1/1 past nadir (this is usually for 9/10 days). The ANC may rise the very large values but G-CSF is not stopped until the nadir has been reached and passed.