submission of studies to QARC is required to avoid unnecessary delays in therapy. Any therapy delivered that is not consistent with the response categorization as determined at QARC will be considered a major protocol violation. Please contact the study chair if QARC review is delayed >7 days. (See Section 13.5)

4.31 Eligibility for Randomization to IFRT vs NO IFRT
Patients who are RUR after 2 cycles of ABVE-PC, and who are in CR following 2 additional cycles of ABVE-PC (a total of 4 cycles of ABVE-PC), only if confirmed by QARC central review, are randomized to receive consolidative IFRT or not (Standard vs. Reduced therapy). RER patients with less than CR after 4 cycles of ABVE-PC are non-randomly treated with IFRT.

4.32 Eligibility for Randomization to 1 DECA x 2
Patients who are SER after 2 cycles of ABVE-PC, as determined by QARC central review, will be randomized between DECAx2 + ABVE-PCx2 + IFRT vs. ABVE-PCx2 + IFRT (Augmented vs. Standard therapy).

5.0 TREATMENT PLAN

5.1 Initial Treatment

The initial treatment will consist of 2 cycles of ABVE-PC as outlined below. Each cycle is 21 days in duration and commences on Day 1 if the ANC ≥ 750μL (with patients off G-CSF for at least 2 days) and platelets are ≥ 75,000 μL (see Section 6.1). Each cycle of ABVE-PC is as follows:

ABVE-PC

Doxorubicin (A)
25 mg/m²/day IV over 10-30 minutes on Day 1 and 2

Bleomycin (B)
5 U/m²/day IV over 10-20 minutes or SQ Day 1
10 U/m²/day IV over 10-20 minutes or SQ Day 8

Vincristine (V)
1.4 mg/m²/day IV push Days 1 and 8 (Maximum dose 2.8 mg)

Etoposide (E)
125 mg/m²/day IV over 1 hour, at a concentration of ≤ 0.4 mg/ml in D5W or NS (utilize standard dilution volumes e.g. 50, 100, 250, 500 ml) Days 1, 2 and 3; avoid use of large volumes of D5W due to potential development of hyponatremia.
Patients who exhibit a hypersensitivity reaction to Etoposide should be re-challenged with Etoposide phosphate. See Section 6.10 for full details. Study chair and pharmacist must be notified.

Prednisone (P)
40 mg/m²/day PO divided BID or TID Days 1 - 7 (Round dose to nearest 2.5 mg tablet size)
(IV equivalent may be given if unable to take PO)

CYCLE 1 only: Patients who present with need for emergent treatment for respiratory distress or spinal cord compression may receive 4 days of Prednisone prior to completion of diagnostic work-up and before other chemotherapy agents are given. In these cases, a chest X-ray and a CT scan of the neck, chest, abdomen and pelvis must have been performed and if feasible, a biological specimen obtained for definitive diagnosis prior to the administration of Prednisone. The remainder of the diagnostic work-up