Hodgkin's Lymphoma (Hodgkin's Disease, HD)
PI HD-1 Protocol

POSG Pacific Island Workstream Clinical Members

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TREATMENT OUTLINE

6 cycles of identical treatment for all stages and HD histologies

Doxorubicin, Bleomycin, Vinblastine, Dacarbazine (ABVD)

Each cycle 28 days.

Total therapy duration, 6 months

TABLE OF CONTENTS

1.0 AIMS

Primary

1.1 To increase the proportion of children with Hodgkin's Lymphoma who are cured.

Secondary

1.2 To assess the ability of Pacific Island health systems to deliver chemotherapy according to a well-recognised HD protocol.

1.3 To assess the ability of Pacific Island health systems to provide supportive care guided by protocol and shared care advice from NZ centres.

2.0 RATIONALE FOR STUDY DESIGN

2.1 Children and young people in the Pacific have not enjoyed the survival of their peers in developed health systems. This has been the result of a number of factors including late or non-diagnosis, treatment toxicity on protocols considered standard in developed health systems and treatment abandonment due to expense and family dislocation. This protocol has been drawn from strategies used by New Zealand and Australian paediatricians to treat children with HD in the past, at a time when the ability to treat and support children with malignant disease was at an early stage of development. An extensive literature supports the selection of ABVD as a historically confirmed protocol suitable for outpatient administration in less developed health systems.

2.2 The protocol should be able to be delivered in its entirety in Fiji. Eligible patients in Samoa and Tonga will be referred to New Zealand for confirmation of diagnosis, staging and commencement on therapy. All patients will be repatriated for ongoing therapy.

3.0 PATIENT ELIGIBILITY

3.1 Newly diagnosed patients with Hodgkin's lymphoma of any age are eligible. All histological types of Hodgkin's Lymphoma are eligible. All stages (IA-IVB) are eligible.

4.0 EXCLUSIONS

4.1 None

5.0 INITIAL EVALUATION

5.1 Complete history including family history.

5.2 Complete physical examination including careful documentation of size of lymph nodes, spleen and liver size, presence of extra-medullary involvement.

5.3 Chest X-ray.

5.4 CT scan of affected area plus chest and abdomen (if available).

5.5 Full blood and platelet count.

5.6 Bone marrow aspirate and trephine if FBC suggests marrow involvement.

5.61 For morphology and cytochemistry.

6.0 REGISTRATION

6.1 Upon diagnosis, all patients with Hodgkin's Lymphoma will be recorded on the unit registry.

7.0 TREATMENT

7.1 All patients with biopsy proven Hodgkin's receive identical therapy.

7.2 The initial cycle of therapy should be given as soon as practically possible after appropriate supportive care has been given. This will include correction of anaemia (if applicable), treatment of infection and any co-morbidities.

7.3 First Cycle of ABVD

Doxorubicin	25mg/m^2	iv days 1 and 15
Bleomycin	10mg/m^2	iv days 1 and 15 (1mg=1000IU)
Vinblastine	6 mg/m^2	iv days 1 and 15
Dacarbazine	375mg/m^2	iv days 1 and 15

7.4 Second cycle of ABVD starts on day 29. Subsequent cycles are at 28 day intervals until completion of 6 cycles

8.0 TOXICITY AND DOSE MODIFICATION

8.1 In general, haematological toxicity will result in delay of the subsequent course of chemotherapy rather than dose reduction. (Await recovery of neutrophil count to >1.0x 109/L and platelets to >100x 109/L before giving day 1 therapy each cycle, but do not delay day 15 chemotherapy for blood count alone.)

8.2 If consecutive haematologic toxicity occurs, consider dose reduction by 25%.

8.3 Signs of congestive heart failure are an absolute contraindication for continuing Doxorubicin. Discuss with New Zealand centre.

9.0 ADMINISTRATION OF THERAPY

9.1 Doxorubicin and Vinblastine are vesicant agents and every care must be taken to ensure that extravasation does not occur. This will mean the establishment of reliable peripheral venous access for day 1 and day 15 chemotherapy administration and checking for vascular patency with a flush of normal saline before commencing chemotherapy administration by slow iv push or supervised infusion without the use of an infusion pump.

10.0 COMPLETION OF THERAPY

10.1 Documentation of response including appropriate imaging (where available) will take place 1 month after the 6^{th} and final cycle of ABVD has been completed.

10.2 Follow-up to document outcome and any treatment toxicity will be documented and will form the basis of a future Hodgkin's Lymphoma treatment strategy.