Hepatoblastoma: Limited data available:

**INT-0098 protocol** (Ortega 2000): Children and Adolescents: IV: Regimen B (Stage I-Unfavorable Histology, II, III, IV): 20 mg/m²/day administered as a continuous infusion for 4 days (total dose per course: 80 mg/m²) (in combination with cisplatin).

Regimen C (Stage I-Favorable Histology): 20 mg/m²/day administered as a continuous infusion on days 2 and 3 (total dose per course: 60 mg/m²) every 21 days for up to 6 courses (in combination with cisplatin) administered preoperatively (Czauderna 2002).

**PLADO regimen**: Children and Adolescents: IV: 30 mg/m²/day administered as a continuous infusion on days 2 and 3 (total dose per course: 60 mg/m²) every 21 days for up to 6 courses (in combination with cisplatin) (Czauderna 2002).

**Siopel-3HR regimen**: High risk: Infants, Children, and Adolescents <16 years: IV: 30 mg/m²/day administered as a continuous infusion over 48 hours (total dose per course: 60 mg/m²) in combination with carboplatin and cisplatin for 3 preoperative cycles of doxorubicin and carboplatin. If the tumor is not resectable after 3 preoperative cycles another 2 cycles of doxorubicin and carboplatin may be given. Regardless of when surgery takes place a maximum of 5 cycles of each doxorubicin and carboplatin and cisplatin were administered (Zsíros 2010).

Hodgkin lymphoma: Limited data available: Children and Adolescents: IV:

**Low risk, lymphocyte-predominant Hodgkin lymphoma**: AV-PC regimen: 50 mg/m²/day on day 1 of a 21-day cycle (in combination with vincristine, prednisone, cyclophosphamide) (Appel 2016).

**Low risk, classical Hodgkin lymphoma**: AVPC regimen: 25 mg/m²/day on days 1 and 2 of a 21-day cycle (in combination with vincristine, prednisone, cyclophosphamide) (Keller 2018).

Intermediate or high risk: ABVE-PC regimen: 30 mg/m²/day on days 0 and 1 of a 21-day cycle (in combination with bleomycin, vincristine, etoposide, prednisone, and cyclophosphamide) (Schwartz 2009).

Advanced stage or high risk: AVBD regimen: 25 mg/m²/day on days 0 and 14 of a 28-day cycle (in combination with bleomycin, vinblastine, and dacarbazine) (Kelly 2011).

**BEACOPP regimen**: 35 mg/m²/day administered on day 0 of a 21-day treatment cycle (in combination with bleomycin, etoposide, cyclophosphamide, vincristine, procarbazine, and prednisone) (Kelly 2011).

Neuroblastoma: Limited data available:

**High risk (Stage IV disease):**

**CAV-P/Vp regimen**: Infants and Children: IV:

≤12 kg: 0.83 mg/kg/day as a continuous infusion on days 1, 2, and 3 (total dose: 2.49 mg/kg) of courses 1, 2, 4, and 6 (in combination with cyclophosphamide, and vincristine [CAV] with etoposide and cisplatin [P/Vp] during courses 3, 5, and 7) (Park 2016).

>12 kg: 25 mg/m²/day as a continuous infusion on days 1, 2, and 3 (total dose: 75 mg/m²) of courses 1, 2, 4, and 6 (in combination with cyclophosphamide, and vincristine [CAV] with etoposide and cisplatin [P/Vp] during courses 3, 5, and 7) (Kreissman 2013; Kushner 1994; Park 2016).

**Cisplatin-Doxorubicin-Etoposide-Cyclophosphamide regimen**: Infants, Children, and Adolescents: IV:

<10 kg: 1 mg/kg/day on day 2 of a 28-day cycle (in combination with cisplatin, etoposide, and cyclophosphamide) for a total of 5 cycles (Parikh 2015).

≥10 kg: 30 mg/m²/day on day 2 of a 28-day cycle (in combination with cisplatin, etoposide, and cyclophosphamide) for a total of 5 cycles (Matthay 1999; Parikh 2015).

**Unresectable disease: CE-CAdO regimen**: Infants: IV: 2 mg/kg/day on day 5 of cycles 3 and 4 (CAdO: 21-day cycles) (in combination with cyclophosphamide, vincristine [CAdO], and carboplatin and etoposide [CE]) (Rubie 2001).

Children: IV: 60 mg/m²/day on day 5 of cycles 3 and 4 (CAdO: 21-day cycles) (in combination with cyclophosphamide, vincristine [CAdO], and carboplatin and etoposide [CE]) (Rubie 1998).

Non-Hodgkin lymphoma: Limited data available: Children and Adolescents: IV:

Anaplastic large cell lymphoma (ALCL):

**NHL-BFM 90 Regimen, Course B and BB**: 25 mg/m²/day infused over 1 hour on days 4 and 5 of a 21- to 28-day cycle (depending on neutrophil recovery) (in combination with dexamethasone, cyclophosphamide, methotrexate, and intrathecal prophyllaxis therapy) (Seidemann 2001).
ALCL-99 Regimen, Course BM and BV: 25 mg/m²/day on days 4 and 5 of a 21-day cycle (in combination with cyclophosphamide, methotrexate, vinblastine, and intrathecal prophylaxis therapy) (Wrobel 2011).

Mature B-cell Lymphomas (Burkitt lymphoma, Burkitt-like lymphoma, etc):

High risk (Group C):

COPADM 1 and 2 regimen: Induction: 60 mg/m²/day on day 2 of a 16- to 21-day cycle (depending on neutrophil recovery) (in combination with cyclophosphamide, vincristine, prednisone, methotrexate, and intrathecal chemotherapy [refer to protocol and institution guidelines]) (Cairo 2007; Goldman 2014).

COPA regimen: Maintenance 1 (M1) and 3 (M3): 60 mg/m²/day over 30 to 60 minutes on Day 2 (M1) or Day 1 (M3) (in combination with cyclophosphamide, vincristine, prednisone, with/without methotrexate) (Cairo 2007; Goldman 2014).

Intermediate risk (Group B): COPADM 1 and 2: Induction: 60 mg/m²/day over ≤1 hour on day 1 (in combination with cyclophosphamide, vincristine, methotrexate with/without rituximab) (Goldman 2013).

Primary mediastinal large B-cell lymphoma (PMBCL): Very limited data available: Children ≥9 years and Adolescents:

DA-EPOCH-R regimen: IV: 10 mg/m²/day as a continuous infusion on days 1 to 4 (96 hours) (total dose: 40 mg/m² per course); dose-adjusted for subsequent cycles based on neutrophil and platelet counts during nadir (in combination with etoposide, vincristine, cyclophosphamide, prednisone, and rituximab) (Dunleavy 2013; Giulino-Roth 2017; Wilson 2013).

Osteosarcoma:

Limited data available: Children and Adolescents: DA-EPOCH-R regimen: IV: 10 mg/m²/day as a continuous infusion on days 1 to 4 (96 hours) (total dose: 40 mg/m² per course); dose-adjusted for subsequent cycles based on neutrophil and platelet counts during nadir (in combination with etoposide, vincristine, cyclophosphamide, prednisone, and rituximab) (Dunleavy 2013; Giulino-Roth 2017; Wilson 2013).

Wilms tumor:

DD-4A regimen: Note: Begin regimen when ANC ≥750 mm³ and platelet count ≥75,000 mm³.

Infants: IV: 1.5 mg/kg/day on day 1 of weeks 4 and 10 and then 1 mg/kg/day on day 1 of week 16 and 22 (in combination with dactinomycin and vincristine). Reduce dose by 50% (ie, 0.75 mg/kg/day) for the first dose given within 6 weeks following whole lung or whole abdominal radiation (but not after flank radiation) unless administered concurrently with the start of radiation therapy (Ehrlich 2017). Child and Adolescents: IV: 45 mg/m²/day on day 1 of weeks 4 and 10 and then 30 mg/m²/day on day 1 of weeks 16 and 22 (in combination with dactinomycin and vincristine). Reduce dose by 50% (ie, 22.5 mg/m²/day) for the first dose given within 6 weeks following whole lung or whole abdominal radiation (but not after flank radiation) unless administered concurrently with the start of radiation therapy (Ehrlich 2017).

NWTS-5 Regimen I (unresectable tumors or stage II to IV tumors with blastemal predominance at time of definitive surgical procedure at either week 6 or 12 or relapsed disease):

Infants: IV: 1.5 mg/kg/day administered as an IV push on day 1 of weeks 7, 13, 19, and 25 (in combination with vincristine, cyclophosphamide, mesna, etoposide, and filgrastim); reduce dose by 50% (ie, 0.75 mg/kg) at week 6 if patient undergoes radiation; omit week 25 if patient received 6 or 12 weeks of preoperative therapy with Regimen VAD (Ehrlich 2017). Children and Adolescents: IV: 45 mg/m²/day administered as IV push on day 1 of weeks 7, 13, 19, and 25 (in combination with vincristine, cyclophosphamide, mesna, etoposide, and filgrastim); reduce dose by 50% (ie, 22.5 mg/m²) at week 6 if patient undergoes radiation; omit week 25 if patient received 6 or 12 weeks of preoperative therapy with Regimen VAD (Ehrlich 2017).

Revised UH-I Regimen:

Infants: IV: 1.5 mg/kg/day administered as an IV push on day 1 of weeks 1, 10, 13, 22, and 28 (in combination with vincristine, cyclophosphamide, mesna, carboplatin, and filgrastim); reduce dose by 50% (0.75 mg/kg) if administered during or within 6 weeks of completing radiation; omit week 28 if patient received 6 weeks of Regimen VAD; omit weeks 13, 22, and 28 if patient received 12 weeks of Regimen VAD (Ehrlich 2017).
Children and Adolescents: IV: 45 mg/m²/day administered as IV push on day 1 of weeks 1, 10, 13, 22, and 28 (in combination with vincristine, cyclophosphamide, mesna, carboplatin, and filgrastim); reduce dose by 50% (22.5 mg/m²) if administered during or within 6 weeks of completing radiation; omit week 28 if patient received 6 weeks of Regimen VAD; omit weeks 13, 22, and 28 if patient received 12 weeks of Regimen VAD (Ehrlich 2017).

**VAD regimen:**
Infants: IV: 1.2 mg/kg/day on day 1 of weeks 1, 4, 7, and 10 (in combination with vincristine and dactinomycin) (Ehrlich 2017).

Children and Adolescents: IV: 35 mg/m²/day on day 1 of weeks 1, 4, 7, 10 (in combination with vincristine and dactinomycin) (Ehrlich 2017).

**Dosage adjustment for concomitant therapy:** Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.