Hepatoblastoma: Limited data available:

INT-0098 protocol (Ortega 2000): Children and Adolescents: IV:

Regimen B (Stage I-Unfavorable Histology, II, III, IV): 20 mg/m^2/day administered as a continuous infusion for 4 days (total dose per course: 80 mg/m^2) (in combination with cisplatin).

Regimen C (Stage I-Favorable Histology): 20 mg/m^2/day on days 1, 2, and 3 every 3 weeks for 4 cycles.

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

Siopel-3HR regimen: High risk: Infants, Children, and Adolescents <16 years: IV: 30 mg/m^2/day administered as a continuous infusion over 48 hours (total dose per course: 60 mg/m^2 in combination with carboplatin and alternating with cisplatin) beginning on day 15 every 28 days (days 15, 43, and 71) for up to 3 preoperative cycles of doxorubicin/carboplatin. If the tumor is not resectable after 3 preoperative cycles another 2 cycles of doxorubicin/carboplatin may be given. Regardless of when surgery takes place a maximum of 5 cycles of each doxorubicin/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/m^2/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/m^2/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/m^2/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/m^2/day on days 0 and 14 of a 28-day cycle (in combination with bleomycin, vinblastine, and dacarbazine) (Kelly 2011).

BEACOPP regimen: 35 mg/m^2/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/m^2/day as a continuous infusion on days 1, 2, and 3 (total dose: 75 mg/m^2) 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/m^2/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/m^2/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/m^2/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 prophylaxis therapy) (Seidemann 2001).

ALCL-99 Regimen, Course BM and BV: 25 mg/m^2/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/m^2/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/m^2/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/m^2/day over ≤1 hour on day 1 (in combination with cyclophosphamide, vincristine, prednisone, 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/m^2/day as a continuous infusion on days 1 to 4 (96 hours) (total dose: 40 mg/m^2 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: IV: *High-dose methotrexate/cisplatin/doxorubicin (MAP) regimen*:

Preoperative: 37.5 mg/m^2/day on days 1 and 2 of week 1 and 6 (in combination with cisplatin and alternating with cycles of methotrexate) (Marina 2016).

Postoperative: 37.5 mg/m^2/day on days 1 and 2 of weeks 12, 17, 22, and 26 (weeks 12 and 17 are in combination with cisplatin and alternating with methotrexate); refer to protocol for criteria, frequency, and other specific information (Marina 2016).

Rhabdomyosarcoma: Limited data available: Children and Adolescents: IV: *VAC/IE regimen:* 37.5 mg/m^2/day on days 1 and 2 (administered over 18 hours each day) every 6 weeks (in combination with vincristine and cyclophosphamide), alternating cycles with ifosfamide and etoposide (Arndt 1998).

Wilms tumor:

DD-4A regimen: **Note:** Begin regimen when ANC ≥750 mm^3 and platelet count ≥75,000 mm^3.

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).

Children and Adolescents: IV: 45 mg/m^2/day on day 1 of weeks 4 and 10 and then 30 mg/m^2/day on day 1 of weeks 16 and 22 (in combination with dactinomycin and vincristine). Reduce dose by 50% (ie, 22.5 mg/m^2/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/m^2/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/m^2) 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-1 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/m^2/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/m^2) 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/m^2/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.

Chemotherapy Regimens

Bladder cancer:
- Dose Dense MVAC (Bladder Cancer) on page 2117
- MVAC (Bladder) on page 2178

Bone sarcoma (Ewing sarcoma): VAC Alternating With IE (Ewing Sarcoma) on page 2215

Bone sarcoma (osteosarcoma): MAP (Osteosarcoma) on page 2173

Breast cancer:
- AC (Breast) on page 2026
- AC (Dose-Dense) followed by Paclitaxel (Dose-Dense) (Breast) on page 2026
- AC (Dose-Dense) followed by Paclitaxel (Dose-Dense)-Trastuzumab (Breast) on page 2026
- AC (Dose-Dense) followed by Paclitaxel Weekly (Breast) on page 2027
- AC followed by Docetaxel Every 3 Weeks (Breast) on page 2027
- AC followed by Paclitaxel-Trastuzumab (Breast) on page 2028
- AC followed by Paclitaxel Weekly (Breast) on page 2028
- TAC (Breast) on page 2204

Endometrial cancer:
- Cisplatin-Doxorubicin (Endometrial) on page 2077
- Cisplatin-Doxorubicin-Paclitaxel (Endometrial) on page 2078

Leukemia, acute lymphocytic:
- CALGB 8811 Regimen (ALL) on page 2050
- CALGB 9111 Regimen (ALL) on page 2051
- Hyper-CVAD + Imatinib on page 2152
- Hyper-CVAD (Leukemia, Acute Lymphocytic) on page 2153
- VAD/CVAD on page 2216

Lung cancer (small cell): CAV (Small Cell Lung Cancer) on page 2069

Lymphoma, Hodgkin:
- A-AVD (Hodgkin) on page 2022
- ABVD Early Stage (Hodgkin) on page 2024
- ABVD (Hodgkin) on page 2025
- BEACOPP-14 (Hodgkin) on page 2032
- BEACOPP Escalated (Hodgkin) on page 2033
- BEACOPP Escalated Plus Standard (Hodgkin) on page 2033
- BEACOPP Standard (Hodgkin) on page 2034
- C-MOPP/ABV Hybrid (Hodgkin) on page 2096
- Stanford V (Hodgkin) on page 2203
- VAMP (Hodgkin) on page 2216

Lymphoma, non-Hodgkin:
- EPOCH Dose-Adjusted (NHL) on page 2123
- EPOCH Dose-Adjusted-Rituximab (NHL) on page 2124

Lymphoma, non-Hodgkin (AIDS-Related):
- CHOP (NHL-AIDS-Related) on page 2074
- EPOCH Dose-Adjusted (NHL-AIDS-Related) on page 2123
- EPOCH Dose-Adjusted-Rituximab (NHL-AIDS-Related) on page 2124

Lymphoma, non-Hodgkin (Burkitt):
- CODOX-M/IVAC (NHL-Burkitt) on page 2097
- CODOX-M (NHL-Burkitt) on page 2100
- Hyper-CVAD Alternating With High-Dose Methotrexate-Cytarabine + Rituximab + CNS Prophylaxis (NHL-Burkitt) on page 2152

Lymphoma, non-Hodgkin (DLBCL): R-CHOP (NHL-DLBCL) on page 2196

Lymphoma, non-Hodgkin (Follicular): R-CHOP (NHL-Follicular) on page 2196

Lymphoma, non-Hodgkin (Mantle cell):
- Rituximab-Hyper-CVAD (NHL-Mantle Cell) on page 2201
- VcR-CAP (NHL-Mantle Cell) on page 2217