

## Regimen Monograph

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## A - Regimen Name

## ESHAP Regimen

Etoposide-SOLUMEDROL® (methylprednisolone)-High dose ARA-C (Cytarabine)-PLATINOL® (CISplatin)

**Disease Site** Hematologic - Lymphoma - Hodgkin  
Hematologic - Lymphoma - Non-Hodgkin's High Grade  
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade

**Intent** Curative

**Regimen Category** **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

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## B - Drug Regimen

Adapted for outpatient administration

<a href="#">etoposide</a>	40 mg /m <sup>2</sup>	IV	Days 1 to 4
<a href="#">CISplatin</a>	25 mg /m <sup>2</sup> /day	IV continuous infusion	Days 1 to 4 over 24 hours
<a href="#">cytarabine</a>	2000 mg /m <sup>2</sup>	IV over 2 hours*	Day 5
*once cisplatin infusion complete			
<b>methylprednisolone</b>	500 mg	IV	Days 1 to 5

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### C - Cycle Frequency

#### REPEAT EVERY 28 DAYS

After 2-3 cycles, responding patients may be considered for high-dose chemotherapy and autologous stem cell transplant.

Patients with stable disease who were not candidates for stem cell transplant or patients who had any response after 2-3 cycles of ESHAP may receive up to 6 cycles of treatment.

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### D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate

#### Other Supportive Care:

- Ensure good urinary output during chemotherapy visit.
- Oral hydration is strongly encouraged; poorly hydrated patients may need more IV hydration.
- Give mouth care and oral systemic antibacterial and antifungal prophylaxis until neutrophil recovery  $\geq 1.0 \times 10^9/L$ - refer to local protocol for patients with severe neutropenia
- Discuss GCSF with transplant team for patients undergoing stem cell harvestling
- Prednisolone eye drops 0.5% 1 drop to both eyes qid for 5 days starting on day 5li>

Also refer to [CCO Antiemetic Recommendations](#).

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### K - References

Aparicio J. ESHAP is an effective regimen for relapsing Hodgkin's disease. *Ann Oncol* 1999;10:593-5.

Choi CW, Paek CW, Seo JH, et al. ESHAP salvage therapy for relapsed or refractory non-Hodgkin's lymphoma. *J Korean Med Sci*. 2002 Oct;17(5):621-4.

Park SH, Kim S, Ko OB, et al. ESHAP salvage therapy for refractory and relapsed non-Hodgkin's lymphoma: a single center experience. *Korean J Intern Med*. 2006 Sep;21(3):159-64.

Velasquez WS, Cabanillas FC, Velasquez W, et al. Results of a salvage treatment program for relapsing lymphoma: MINE consolidated with ESHAP. *J Clin Oncol* 1995;13:1734-41.

Wang WS, Chiou TJ, Liu JH, Fan FS, Yen CC, Tung SL, Chen PM. ESHAP as salvage therapy for refractory non-Hodgkin's lymphoma: Taiwan experience. *Jpn J Clin Oncol*. 1999 Jan;29(1):33-7.

**May 2019** Updated emetic risk category

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## M - Disclaimer

### **Regimen Abstracts**

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