Chemotherapy regimens for lymphoma

Chemotherapy drugs for lymphoma are usually given as a ‘regimen’, a treatment plan that includes more than one type of drug. We have separate information about how chemotherapy works, the ways it’s given and its possible side effects.

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What is a chemotherapy regimen?

A chemotherapy regimen is a treatment plan that usually involves more than one drug. The regimen sets out:

- the name of the drugs
- the dose of each drug
- how often you take the drugs
- how the drugs are given
- how long you take each drug for.

Most regimens are given as a block of chemotherapy followed by a rest period to allow your body to recover. This is known as a ‘cycle’. Cycles often last between 2 and 4 weeks. A whole course of treatment can vary from several weeks to a number of months.

Why is chemotherapy given as a regimen?

Some chemotherapy drugs are given on their own. Examples include pixantrone and bendamustine.
Often, however, a combination of chemotherapy drugs are given to treat lymphoma. Each drug works in a slightly different way to kill the lymphoma cells. For some types of lymphoma, this might mean that the drugs are able to kill more of the lymphoma than if you have them alone. You might be interested in our animation video that explains how chemotherapy works.

Chemotherapy drugs are sometimes given with a different type of drug, such as an antibody therapy like rituximab, a targeted drug like ibrutinib, or a steroid such as prednisolone. Sometimes, these other drugs are given without chemotherapy.

Common chemotherapy regimens for lymphoma

There are lots of different chemotherapy regimens. Below, we list regimens that are most commonly used for lymphoma. Don’t worry if your regimen isn’t listed here; your doctors plan the best treatment for you and new regimens become available as they are approved.

The names of chemotherapy regimens are usually acronyms, made up of the first letters of each of the drugs they contain, although this isn’t always the case. Using acronyms can make them easier to say.

Sometimes, a regimen uses a drug’s ‘trade’ or brand name (the name the pharmaceutical company gives the drug). Trade names start with a capital letter and sometimes have a registered trademark (®).

For some types of lymphoma, other drugs can be given together with chemotherapy. This is sometimes the case with:

- targeted drugs, such as ibrutinib
- antibody therapies, such as rituximab.

When rituximab is given alongside a chemotherapy regimen, an ‘R’ is added to the name. Examples include R-CHOP, R-ICE, R-CVP and R-bendamustine. Rituximab is usually used only for B-cell non-Hodgkin lymphomas.

Acronyms for chemotherapy regimens sometimes used to treat lymphoma

**ABVD** – doxorubicin (Adriamycin®), bleomycin, vinblastine and dacarbazine

**BEACOPP** – bleomycin, etoposide, doxorubicin (Adriamycin®), cyclophosphamide, vincristine (Oncovin®), procarbazine and prednisolone; a higher-dose regimen is sometimes called **BEACOPPesc** (escalated dose)
escBEACOPP: escalated dose bleomycin, etoposide, doxorubicin (Adriamycin®), cyclophosphamide, vincristine (Oncovin®), procarbazine and prednisolone

escBEACOPDac (or BEACOPDac-escalated): escalated dose bleomycin, etoposide, doxorubicin (Adriamycin®), cyclophosphamide, vincristine (Oncovin®), prednisolone and dacarbazine

BEAM – carmustine (BiCNU®), etoposide, cytarabine (Ara-C) and melphalan

CHEOP – cyclophosphamide, doxorubicin (or hydroxydaunorubicin), etoposide, vincristine (Oncovin®) and prednisolone

ChlVPP – chlorambucil, vinblastine, procarbazine and prednisolone

CHOP – cyclophosphamide, doxorubicin (or hydroxydaunorubicin), vincristine (Oncovin®) and prednisolone

CHVPi – cyclophosphamide, doxorubicin (or hydroxydaunorubicin), etoposide (Vepesid®), prednisolone and interferon-alpha

CODOX-M – cyclophosphamide, vincristine (Oncovin®), doxorubicin and methotrexate

CVP – cyclophosphamide, vincristine and prednisolone

DA-EPOCH – dose-adjusted etoposide, prednisolone, vincristine (Oncovin®), cyclophosphamide and doxorubicin (or hydroxydaunorubicin)

DHAP – dexamethasone, high-dose cytarabine (Ara-C) and cisplatin (Platinol®)

ESHAP – etoposide, methylprednisolone (Solu-Medrone®), high-dose cytarabine (Ara-C) and cisplatin (Platinol®)

FC – fludarabine and cyclophosphamide

GCVP – gemcitabine, cyclophosphamide, vincristine and prednisolone

GDP – gemcitabine, dexamethasone and cisplatin (Platinol®)

GEMOX – gemcitabine and oxaliplatin

GEM-P – gemcitabine, cisplatin and methylprednisolone
**Hyper-CVAD** – cyclophosphamide, vincristine, doxorubicin (Adriamycin®) and dexamethasone; ‘hyper’ is short for ‘hyperfractionated’, which means that you have the same drug more than once in a day

**ICE** – ifosfamide, carboplatin and etoposide

**IGEV** – ifosfamide, gemcitabine and vinorelbine

**IVAC** – ifosfamide, etoposide (VP-16) and cytarabine (Ara-C)

**MATRix** – methotrexate, cytarabine (also known as Ara-C), thiotepa and rituximab

**Maxi-CHOP** – maximum dose cyclophosphamide, doxorubicin (or hydroxydaunorubicin), vincristine (Oncovin®) and prednisolone

**MCP** – mitoxantrone, chlorambucil and prednisolone

**P-MitCEBO** – prednisolone, mitoxantrone, cyclophosphamide, etoposide, bleomycin and vincristine (Oncovin®)

Macmillan Cancer Support has an [online tool](#) where you can search for a chemotherapy regimen and find out more about it.

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**Frequently asked questions about chemotherapy regimens**

**Which regimen will I have?**

The regimen you have depends on a number of factors including:

- the **type of lymphoma** you have
- how quickly the lymphoma is growing – whether it’s fast-growing (**high-grade**) or slow-growing (**low-grade**)  
- where in your body the lymphoma is
- the **symptoms** or problems your lymphoma is causing
- whether you have previously had other treatments for lymphoma
- whether or not you have **other health conditions** and whether you’re on other medication
- your age, general health and fitness.

Your medical team will talk to you about the best treatment for you based on your individual circumstances.
How will I know if the treatment is working?

Once you’ve had a few cycles of treatment, you’ll have tests and scans to see if the treatment is working. In some cases, your medical team might recommend changes to your treatment plan, for example:

- increasing or decreasing the dose of chemotherapy drugs
- changing one or more of the chemotherapy drugs in the regimen.

What side effects will I have?

Treatment affects each person differently – even if you have the same treatment as someone else, you might experience different side effects. Your doctor, clinical nurse specialist or chemotherapy nurse should speak to you about any side effects and late effects you might expect from your chemotherapy regimen.

Macmillan Cancer Support’s online tool lists common side effects of different chemotherapy regimens.

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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