MEDICINE INFORMATION

GVD chemotherapy for Hodgkin lymphoma

Patient information about GVD after earlier treatment for Hodgkin lymphoma, including what to check about the doxorubicin formulation.

At a glance

Treatment	Gemcitabine + Vinorelbine + Pegylated liposomal doxorubicin
When it may be used	GVD has been studied after previous treatment for Hodgkin lymphoma.
How it is given	Gemcitabine, vinorelbine and pegylated liposomal doxorubicin are all given through a vein.
Before you start	Tell the team about prior doxorubicin or chest radiotherapy, heart or breathing problems, constipation and any nerve symptoms.

What this treatment is and how it works

GVD combines three chemotherapy medicines. Liposomal doxorubicin carries doxorubicin in tiny fatty particles. It has different instructions from conventional doxorubicin.

When it may be used

The evidence for the original combination used pegylated liposomal doxorubicin. Confirm the full product name with your team.

Before treatment

Tell the team about prior doxorubicin or chest radiotherapy, heart or breathing problems, constipation and any nerve symptoms. Ask whether you need a heart scan.

How treatment is given

Published GVD combines gemcitabine, vinorelbine and pegylated liposomal doxorubicin, given by drip. Pegylated liposomal doxorubicin encloses the active medicine in tiny fat particles with a coating that changes how it circulates. Treatment is organised in cycles, often with more than one visit per cycle. Blood tests or side effects can change the dates or doses. The team will give you your schedule and explain when response will be checked.

Tests and monitoring during treatment

Blood counts and liver tests help the team plan the next treatment. Tell them about soreness in your mouth, bowel changes, or redness and pain on your hands or feet.

If you need a blood transfusion

If you have been treated for Hodgkin lymphoma, tell the transfusion team before any transfusion so it can check whether you need irradiated red cells or platelets. These are specially treated to prevent a rare, serious reaction. Ask whether you should carry a transfusion alert card or letter.

Side effects

Common or more frequent side effects

- **Changes in blood counts.** Treatment can lower the white cells that fight infection, the red cells that carry oxygen and the platelets that stop bleeding. You may feel tired or get breathless sooner than usual. Let the unit know about nosebleeds, new bruises or small red or purple spots. Fever or shaking chills needs a call to the urgent number even if your next blood test is already booked.
- **Sore mouth and changes in eating.** Your mouth may feel tender or dry, and some foods may sting. A soft toothbrush and the mouth care your unit recommends can help. Tell the team about ulcers, a white coating, or trouble swallowing so it can assess for mouth infection and help with pain. If you cannot drink enough, contact the unit promptly.
- **Constipation and nerve symptoms.** Some drugs in this regimen can slow your bowel and affect nerves. Write down how often you pass stools, and tell the team about tingling, weakness or a change in your balance. Ask about a bowel plan if you already take medicines that contribute to constipation. With severe belly pain, vomiting or a swollen abdomen, call urgently.
- **Sore palms and soles.** Pegylated liposomal doxorubicin can cause tenderness, redness or peeling of the hands and feet. Tell the team before it limits walking, gripping or other activities. Ask about creams and ways to reduce irritation from pressure or heat. Call if skin breaks, becomes painful or looks infected.

Other reported side effects

Report worsening swelling, persistent tingling or new difficulty walking. Tell the nurse immediately if the vein feels sore or swollen.

Serious effects to recognise

- **Pain or swelling at the infusion site.** Some of the medicines used in this regimen can damage skin and tissue if they leak outside a vein. Tell staff immediately about burning, stinging, tightness, leaking fluid or swelling during a drip. Contact the unit if the site changes after you go home.
- **Effects on heart function.** Doxorubicin can affect the way the heart pumps during or after treatment. Tell the team about swelling, shortness of breath when lying flat or becoming more breathless doing usual activities. Check whether you need a heart scan or follow-up even when you feel well.

Report a new cough or breathlessness promptly. The team can check for a drip reaction, infection or another lung problem.

When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, chills, new breathlessness, unexpected bleeding or inability to drink. Report severe constipation with pain, swelling or vomiting. Follow your hospital's written temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even when your temperature is normal.

Seek emergency care for severe breathing difficulty, swelling of the face or throat, chest pain, collapse or bleeding that will not stop.

Practical advice for this treatment

Look after your hands, feet and mouth

Tenderness, redness, peeling or swelling, especially on the palms or soles, can develop with pegylated liposomal doxorubicin. Tell the team before walking or using your hands becomes painful. Ask about skin care and reducing rubbing or pressure. Mouth sores can also make meals and toothbrushing painful. A soft toothbrush and advice about mouth care and pain relief can help.

Call about constipation, especially if it is worsening

Vinorelbine can slow the bowel. Tell the team if you have fewer bowel movements than usual or need to strain. Ask about a bowel plan if you also take opioid painkillers. Severe belly pain, vomiting or a swollen abdomen with inability to pass stools or wind needs urgent assessment.

Discuss previous treatment and the next step

Bring details of prior lymphoma medicines and any previous chest radiotherapy. The team may check your heart function because of doxorubicin across current and earlier treatment. Ask when your response scan is planned and who will explain whether a transplant is being considered.

Medicines, interactions and vaccinations

Bring your complete medicine list. Check before supplements and vaccinations. Tell any team treating you in the future about prior doxorubicin.

Everyday life

Ask for mouth care and a constipation plan. Protect sore hands and feet from friction and tell the team early if symptoms affect walking or daily tasks.

Pregnancy, fertility and breastfeeding

Ask about fertility, contraception and breastfeeding and the timing of precautions after the final cycle.

After treatment

Ask which tests will measure response and whether transplant assessment is planned. Keep follow-up for persistent nerve symptoms or breathlessness.

Frequently asked questions

What does liposomal mean?

The medicine is carried in tiny fatty particles. Ask which exact product your unit uses.

Does GVD always lead to transplant?

No. Ask what comes next in your individual plan.

Which hand or foot symptoms should I report?

New redness, tenderness, peeling or blisters, especially if walking or using your hands becomes harder.

Should I report constipation?

Yes. Contact the team early and ask which bowel medicines are suitable.

What if I become breathless after a visit?

Contact the team promptly. Severe breathing difficulty needs emergency care.

Does previous doxorubicin treatment matter?

Yes. Bring records of prior treatments so the team can plan heart monitoring.

What should I do if I feel pain at the drip site?

Tell the nurse immediately about pain, burning, swelling or leakage. Vinorelbine can injure tissue if it leaks out of the vein. Follow the unit's instructions if symptoms start or worsen at home.

Individual medicine guides

- Gemcitabine
- Vinorelbine
- Pegylated liposomal doxorubicin

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Gemcitabine infusion - UK SmPC
- Intravenous vinorelbine (Navelbine) - UK SmPC
- Pegylated liposomal doxorubicin (Caelyx) - EU SmPC
- Gemcitabine - UK product information

Clinical protocols and other references

- CALGB 59804 primary study of GVD for relapsed Hodgkin lymphoma
- Ontario Health protocol for gemcitabine, pegylated liposomal doxorubicin and vinorelbine

- British Society for Haematology guideline on irradiated blood components
- Canadian National Advisory Committee recommendations on irradiated blood components

Additional sources

- CALGB study of GVD after previous Hodgkin lymphoma treatment

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Review record updated: 14 November 2026 · Editorial review policy