

## Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Dose Modifications](#) | [Adverse Effects](#) | [Interactions](#) | [Drug Administration and Special Precautions](#) | [Recommended Clinical Monitoring](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

## A - Regimen Name

# CISPETOP(RT) Regimen

CISplatin-Etoposide

**Disease Site** Lung - Small Cell

**Intent** Adjuvant  
Palliative

**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.

[back to top](#)

**B - Drug Regimen**

<a href="#">CISplatin</a>	50 mg /m <sup>2</sup>	IV	Days 1, 8, 29, 36
<a href="#">etoposide</a>	50 mg /m <sup>2</sup>	IV	Days 1 to 5 and 29 to 33

**Concurrent with RADIOTHERAPY**

[back to top](#)

**C - Cycle Frequency****8 WEEK CYCLE**

One cycle during concurrent radiotherapy  
Some centres give an additional 8-week cycle of cisplatin and etoposide after completion of radiation

[back to top](#)

**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate (Cisplatin)  
Low (Etoposide)

**Febrile Neutropenia Risk:** High

[back to top](#)

**E - Dose Modifications**

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

**Dosage with toxicity**

**Hematologic Toxicities:** See [Appendix 6](#) for general recommendations.

**Hepatic Impairment**

Bilirubin	Action
1. If Bilirubin 1-2 x ULN	<b>REDUCE</b> Etoposide to <b>50%</b> dose
2. If Bilirubin 2-4 X ULN	<b>REDUCE</b> Etoposide to <b>25%</b> dose
3. If Bilirubin > 4 X ULN	<b>OMIT</b> Etoposide

**Renal Impairment**

Creatinine Clearance or Serum Creatinine	Action
1. If CrCl 0.2- 0.8mL/sec	<b>REDUCE</b> Etoposide to <b>75%</b> dose
2. If CrCl= 0.5-1.0mL/sec or Serum Creatinine - 136-185µmol/L	<b>REDUCE</b> Cisplatin* to <b>50%</b> dose
3. If CrCl<0.5mL/sec or Serum Creatinine>185µmol/L	<b>OMIT</b> Cisplatin* dose
4. If CrCl<0.2mL/sec	<b>REDUCE</b> Etoposide <b>50%</b> dose

\*Upon the discretion of the prescriber, less dose reduction may be suggested. See Cisplatin drug monograph. (dosage Reduction).

[back to top](#)

**F - Adverse Effects**

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details of adverse effects

**Most Frequently Occurring Adverse Effects**

- Nausea and Vomiting
- Nephrotoxicity
- Neurotoxicity and ototoxicity
- Myelosuppression
- Fatigue

[back to top](#)

**G - Interactions**

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details

[back to top](#)

## H - Drug Administration and Special Precautions

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details

[back to top](#)

## I - Recommended Clinical Monitoring

### Recommended Clinical Monitoring

- Clinical toxicity assessment (including neurotoxicity, ototoxicity)
- CBC before each cycle. Interim counts should be done in first cycle and repeated if dose modifications necessary
- Baseline and regular liver and renal function tests (including electrolytes and magnesium) and urinalysis
- Grade toxicity using the current [NCI-CTCAE \(Common Terminology Criteria for Adverse Events\) version](#)

[back to top](#)

## J - Administrative Information

Pharmacy Workload (average time per visit) 13.451 minutes

Nursing Workload (average time per visit) 40.833 minutes

[back to top](#)

## K - References

Albain KS, Swann RS, Rusch VR, et al. Radiotherapy plus chemotherapy with or without surgical resection for stage III non-small-cell lung cancer: a phase III randomised controlled trial. Lancet 2009; 374: 379-86.

Cisplatin and etoposide drug monographs, Cancer Care Ontario.

### PEBC Advice Documents or Guidelines

- [Management of Unresected Stage III Non-small Cell Lung Cancer](#)

---

**October 2017** Added palliative intent; dosing and frequency sections now consistent with CISPETOP(RT) in NSCLC

[back to top](#)

## M - Disclaimer

### **Regimen Abstracts**

*A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

*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.*

### **Regimen Monographs**

*Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.*

*The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.*

*The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.*

*Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.*

*While care has been taken in the preparation of the information contained in the Formulary, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.*

*CCO and the Formulary's content providers shall have no liability, whether direct, indirect, consequential, contingent,*

---

*special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the Formulary.*

[back to top](#)