Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

ADOC Regimen

Doxorubicin-CISplatin-Vincristine-Cyclophosphamide

Disease Site

Lung - Thymoma

Intent

Neoadjuvant
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.

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.

back to top

B - Drug Regimen

DOXOrubicin	40 mg /m²	IV	Day 1
CISplatin	50 mg /m²	IV	Day 1
vinCRIStine	0.6 mg /m²	IV	Day 2
cyclophosphamide	700 mg /m²	IV	Day 4

back to top

C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 4 to 6 cycles unless disease progression or unacceptable toxicity occurs

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: High (Day 1)
Moderate (Day 4)

Other Supportive Care:

Standard regimens for Cisplatin premedication and hydration should be followed. Refer to Cisplatin monograph

Also refer to CCO Antiemetic Recommendations.

back to top

J - Administrative Information

Approximate Patient Visit	Day 1: 3 hours; Day 2: 0.5 hour; Day 3: 1 hour
Pharmacy Workload (average time per visit)	16.101 minutes
Nursing Workload (average time per visit)	42.778 minutes

back to top

K - References

Bretti S, Berruti A, Loddo C, et al; Piemonte Oncology Network. Multimodal management of stages III-IVa malignant thymoma. Lung Cancer 2004 Apr;44(1):69-77.

Berruti A, Borasio P, Gerbino A, et al. Primary chemotherapy with adriamycin, cisplatin, vincristine and cyclophosphamide in locally advanced thymomas: a single institution experience. Br J Cancer 1999 Nov;81(5):841-5.

Fornasiero A, Daniele O, Ghiotto C, et al. Chemotherapy for invasive thymoma. A 13-year experience. Cancer. 1991;68:30–33.

May 2019 Updated emetic risk category

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.

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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.

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back to top