

Regimen Monograph

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A - Regimen Name

BEP(5D) Regimen

Bleomycin-Etoposide-PLATINOL® (CISplatin)

Disease Site Gynecologic
 Germ Cell

Intent Adjuvant

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

bleomycin	15 units /m ²	IV (or 30 units fixed dose)	Days 1, 8 and 15
CISplatin	20 mg /m ²	IV	Days 1-5
etoposide	100 mg /m ²	IV	Days 1-5

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C - Cycle Frequency**REPEAT EVERY 21 DAYS**

For a usual total of 3 to 4 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (D1-5)
Minimal (D8, 15)

Febrile Neutropenia Risk: High
Primary prophylaxis with G-CSF is indicated. Refer to the [Febrile Neutropenia Guideline](#).

Other Supportive Care:

- Premedication may be given to prevent hypersensitivity reactions. (e.g.- hydrocortisone IV and/or diphenhydramine, and optional acetaminophen)
- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to Cisplatin monograph
- Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	Days 1-5: 2-3 hours; Bleomycin only: 0.5 hours
Pharmacy Workload (average time per visit)	19.398 minutes
Nursing Workload (average time per visit)	47.952 minutes

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K - References

Gershenson DM, Morris M, Cangir A, et al. Treatment of malignant germ cell tumors of the ovary with bleomycin, etoposide, and cisplatin. J Clin Oncol 1990 Apr;8(4):715-20.

Williams S, Blessing JA, Liao SY, Ball H, Hanjani P. Adjuvant therapy of ovarian germ cell tumors with cisplatin, etoposide, and bleomycin: a trial of the Gynecologic Oncology Group. J Clin Oncol. 1994 Apr;12(4):701-6.

December 2021 Updated Febrile neutropenia risk section

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M - Disclaimer

Regimen Abstracts

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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.

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