Regimen Monograph

A - Regimen Name

CAP Regimen

Cyclophosphamide-ADRIAMYCIN ® (DOXOrubicin)-PLATINOL ® (CISplatin)

Disease Site	Lung - Thymoma
Intent	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.
Rationale and Uses	Treatment for advanced thymoma

back to top

B - Drug Regimen

cyclophosphamide	500 mg /m²	IV	Day 1
DOXOrubicin	50 mg /m²	IV	Day 1
CISplatin	50 mg /m²	IV	Day 1

back to top

C - Cycle Frequency

REPEAT EVERY 21 DAYS

For up to 8 cycles, unless disease progression, unacceptable toxicity, or limited by cardiotoxicity risk

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: High

Other Supportive Care:
Standard regimens for Cisplatin premedication and hydration should be followed.

Also refer to CCO Antiemetic Summary

back to top

E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

Dosage with toxicity

Hematologic Toxicities: See appendix 6 for general recommendations.

Hepatic Impairment

Bilirubin	Dose
If Bilirubin 1-2 x ULN	**REDUCE** Doxorubicin to **50%** dose
If Bilirubin 2-4 x ULN	**REDUCE** Doxorubicin to **25%** dose
If Bilirubin > 4 x ULN	**OMIT** doses of Doxorubicin

Renal Impairment

Creatinine Clearance / Serum Creatinine	Dose
If CrCl = 0.5 - 1 mL/sec or Serum Creatinine = 136-185µmol/L	**REDUCE** Cisplatin* to **50%** dose
If CrCl < 0.5mL/sec or Serum Creatinine>185µmol/L	**OMIT** Cisplatin dose
If CrCl < 0.3mL/sec	**REDUCE** Cyclophosphamide to **50%** dose (suggested)

*Upon the discretion of the prescriber, less dose reduction may be suggested. See CISPLATIN drug monograph.

back to top

F - Adverse Effects

Refer to cyclophosphamide, DOXOrubicin, CISplatin drug monograph(s) for additional details of adverse effects

- Nausea and vomiting
- Nephrotoxicity
- Neurotoxicity (ototoxicity)
- Myelosuppression
- Cardiotoxicity
- Cystitis
- Fatigue
- Vesicant

back to top

G - Interactions

Refer to cyclophosphamide, DOXOrubicin, CISplatin drug monograph(s) for additional details

back to top

H - Drug Administration and Special Precautions

Refer to cyclophosphamide, DOXOrubicin, CISplatin drug monograph(s) for additional details

back to top

I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- Clinical toxicity assessment (including stomatitis, neurotoxicity, cardiotoxicity, ototoxicity, local toxicity).
- 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.
- Cardiac examination especially with risk factors (including prior therapy with Epirubicin, Mitoxantrone, or other cardiotoxic drug), or a cumulative Doxorubicin dose of > 450 mg/m^2
- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

back to top

J - Administrative Information

Approximate Patient Visit	2-3 hours
Pharmacy Workload (average time per visit)	41.813 minutes
Nursing Workload (average time per visit)	51.667 minutes

back to top

K - References

Loehrer PJ Sr, Kim KM, Aisner SC, et al. Cisplatin Plus Doxorubicin Plus Cyclophosphamide in Metastatic or Recurrent Thymoma: Final Results of an Intergroup Trial. J Clin Oncol 1994;12:1164-8.

November 2017 aligned disease site to qbp

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.

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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