Regimen Monograph

A - Regimen Name

CISPDOCE Regimen

CISplatin-DOCEtaxel

Disease Site	Gynecologic - Ovary
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. 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.
Rationale and Uses	For treatment of ovarian cancer in patients who are unable to tolerate carboplatin and paclitaxel.

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B - Drug Regimen

DOCEtaxel	75 mg /m²	IV	Day 1
CISplatin	75 mg /m²	IV	Day 1

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

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

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

Other Supportive Care:

Pre-medications for Docetaxel (prophylaxis for infusion reaction):

- Dexamethasone* 8 mg PO BID for 3 days, starting 1-day pre-infusion†

* Do not discontinue dexamethasone, even in the absence of an IR, due to the benefits on other adverse effects (e.g. pain and edema).

† Dexamethasone 10-20 mg IV can be given if patient forgot to take oral doses.

Cisplatin: All patients should receive adequate hydration and premedication for emesis, according to local guidelines.

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	4 to 5 hours
Pharmacy Workload (average time per visit)	49.523 minutes
Nursing Workload (average time per visit)	64.833 minutes

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K - References

Guidance on the substitution of systemic therapy agents (CCO).

Meerpohl H, Sauerbrei W, Kuhnle H, Schumacher M, Pfleiderer A. Randomized study comparing carboplatin/cyclophosphamide and cisplatin/cyclophosphamide as first-line treatment in patients with stage III/IV epithelial ovarian cancer and small volume disease. German Ovarian Cancer Study Group (GOCA). Gynecol Oncol. 1997 Jul;66(1):75-84.

Swenerton K, Jeffrey J, Stuart G, Roy M, Krepart G, Carmichael J, Drouin P, Stanimir R, O'Connell G, MacLean G. Cisplatin-cyclophosphamide versus carboplatin-cyclophosphamide in advanced ovarian cancer: a randomized phase III study of the National Cancer Institute of Canada Clinical Trials Group. J Clin Oncol. 1992 May;10(5)718-26.

Vasey P, Jayson G, Gordon A, Gabra H, Coleman R, Atkinson R, Parkin D, Paul J, Hay A, Kaye S. Phase III randomized trial of docetaxel-carboplatin versus paclitaxel-carboplatin as first-line chemotherapy for ovarian carcinoma. J Natl Cancer Inst. 2004 Nov 17;96(22):1682-91.

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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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