

Regimen Monograph

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A - Regimen Name

CISPDOXO Regimen

CISplatin-DOXOrubicin

Disease Site Gynecologic - Endometrial

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.

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

CISplatin	50 mg /m ²	IV	Day 1
DOXOrubicin	50 to 60 mg /m ²	IV	Day 1

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For up to 8 cycles (maximum 7 cycles of DOXOrubicin) unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	4 hours
Pharmacy Workload (average time per visit)	37.002 minutes
Nursing Workload (average time per visit)	46.667 minutes

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K - References

Aapro MS, van Wijk FH, Bolis G, Chevallier B, Van der Burg MEL, Poveda A, et al. Doxorubicin versus doxorubicin and cisplatin in endometrial carcinoma: definitive results of a randomised study (55872) by the EORTC Gynaecological Cancer Group. *Ann Oncol* 2003;14:441-8.

Fleming GF, Filiaci VL, Bentley RC, et al. Phase III randomized trial of doxorubicin + cisplatin versus doxorubicin + 24-h paclitaxel + filgrastim in endometrial carcinoma: a Gynecologic Oncology Group study. *Ann Oncol* 2004;15(8):1173-8.

Randall ME, Filiaci VL, Muss H, et al. Randomized phase III trial of whole-abdominal irradiation versus doxorubicin and cisplatin chemotherapy in advanced endometrial carcinoma: a Gynecologic Oncology Group Study. *J Clin Oncol* 2006;24(1):36-44.

Thigpen JT, Brady MF, Homesley HD, et al. Phase III trial of doxorubicin with or without cisplatin in advanced endometrial carcinoma: a gynecologic oncology group study. *J Clin Oncol*. 2004;22(19):3902-8.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Advanced or Recurrent Endometrial Cancer, and Advanced or Recurrent UPSC](#)

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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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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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