

## Regimen Monograph

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## A - Regimen Name

**CISPETOP(3D) Regimen**

CISplatin-Etoposide

**Disease Site**      Gastrointestinal - Neuroendocrine (GI)**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**      For the treatment of poorly-differentiated neuroendocrine tumours[back to top](#)

## B - Drug Regimen

[CISplatin](#)                      25 mg /m<sup>2</sup>                      IV                      Days 1 to 3[etoposide](#)                      100 mg /m<sup>2</sup>                      IV                      Days 1 to 3[back to top](#)

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

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative cisplatin toxicity

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate

**Other Supportive Care:**

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

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**E - Dose Modifications**

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations have been adapted from clinical trials or product monographs and may be considered.

**Dosage with toxicity**

Hematologic Toxicities: See Appendix 6 for general recommendations.

**Hepatic Impairment**

<b>Bilirubin</b>	<b>etoposide</b>
1-2 x ULN	↓ to <b>50%</b> dose
2-4 x ULN	↓ to <b>25%</b> dose
>4 x ULN	<b>OMIT</b>

**Renal Impairment**

<b>Creatinine Clearance (mL/min)</b>	<b>CISplatin* (% previous dose)</b>	<b>etoposide (% previous dose)</b>
10-50	↓ to <b>75%</b> or <b>50%</b> dose	↓ to <b>75%</b> dose
<10	<b>OMIT</b>	↓ to <b>50%</b> or <b>OMIT</b>

\*See "Dose Modification" section of cisplatin drug monograph

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**F - Adverse Effects**

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details of adverse effects

<b>Most Common Side Effects</b>	<b>Less Common Side Effects, but may be Severe or Life-Threatening</b>
<ul style="list-style-type: none"> <li>• Nausea, vomiting</li> <li>• Alopecia</li> <li>• Nephrotoxicity (may be severe)</li> <li>• Neurotoxicity (includes ototoxicity)</li> <li>• Myelosuppression +/- infection, bleeding (may be severe)</li> <li>• Anorexia</li> <li>• Diarrhea</li> <li>• Mucositis</li> <li>• Abnormal electrolytes</li> </ul>	<ul style="list-style-type: none"> <li>• ↑ LFTs</li> <li>• Hypersensitivity</li> <li>• Hypotension</li> <li>• Arrhythmia</li> <li>• Arterial thromboembolism</li> <li>• Venous thromboembolism</li> <li>• Pneumonitis</li> <li>• Seizure</li> <li>• Encephalopathy</li> <li>• Vasculitis</li> <li>• Tumour lysis syndrome</li> </ul>

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**G - Interactions**

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details

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## H - Drug Administration and Special Precautions

Refer to [CISplatin](#), [etoposide](#) drug monograph(s) for additional details

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## 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

- 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
- Blood pressure monitoring during infusion
- Clinical toxicity assessment (including neurotoxicity, ototoxicity, infection, bleeding, stomatitis).
- Grade toxicity using the current [NCI-CTCAE \(Common Terminology Criteria for Adverse Events\) version](#)

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## J - Administrative Information

Approximate Patient Visit	2 to 3 hours
Pharmacy Workload (average time per visit)	17.790 minutes
Nursing Workload (average time per visit)	49.167 minutes

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## K - References

Evans WK, Shepherd FA, Feld R, et al. VP-16 and Cisplatin as first-line therapy for small-cell lung cancer. J Clin Oncol 1985; 3(11): 1471-7.

Fjallskog, M-LH, et al. Treatment with Cisplatin and Etoposide in Patients with Neuroendocrine Tumors. *Cancer* 2001; 92(5):1101-7.

Iwasa S, Morizane C, Okusaka T, et al. Cisplatin and etoposide as first-line chemotherapy for poorly differentiated neuroendocrine carcinoma of the hepatobiliary tract and pancreas. *Jpn J Clin Oncol.* 2010;40(4):313-8.

Mitry E, et al. Treatment of poorly differentiated neuroendocrine tumours with Etoposide and Cisplatin. *BJOC* 1999; 81(8):1351-5.

Moertel CG, Kvols LK, O'Connell MJ, et al. Treatment of Neuroendocrine Carcinomas With Combined Etoposide and Cisplatin: Evidence of Major Therapeutic Activity in the Anaplastic Variants of These Neoplasms. *Cancer* 1991; 68: 22732.

### **PEBC Advice Documents or Guidelines**

- [Systemic Therapy of Incurable Gastroenteropancreatic Neuroendocrine Tumours](#)

**November 2017** aligned disease site to qbp

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## **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.*

*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,*

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