Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

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

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B - Drug Regimen

CISplatin	25 mg /m²	IV	Days 1 to 3
etoposide	100 mg /m²	IV	Days 1 to 3

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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

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

Renal Impairment

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

*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

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Nausea, vomiting • Alopecia • Nephrotoxicity (may be severe) • Neurotoxicity (includes ototoxicity) • Myelosuppression +/- infection, bleeding (may be severe) • Anorexia • Diarrhea • Mucositis • Abnormal electrolytes	• ↑ LFTs • Hypersensitivity • Hypotension • Arrhthymia • Arterial thromboembolism • Venous thromboembolism • Pneumonitis • Seizure • Encephalopathy • Vasculitis • Tumour lysis syndrome

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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.

June 2024 Removed PEBC guideline link

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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.

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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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