Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CISPETOP(3D) Regimen

CISplatin-Etoposide

Disease Site	Genitourinary - Testis
Intent	Curative
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 /m²	IV	Days 1 to 2
etoposide	165 mg /m²	IV	Days 1 to 3

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 3 to 4 cycles unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Approximate Patient Visit	3 to 4 hours
Pharmacy Workload (average time per visit)	17.79 minutes
Nursing Workload (average time per visit)	49.167 minutes

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K - References

BCCA Protocol Summary for Etoposide-CISplatin Protocol for Germ Cell Cancers. May 2017.

Einhorn LH, Williams SD, Loehrer PJ, et al. Evaluation of optimal duration of chemotherapy in favorable-prognosis disseminated germ cell tumors: a Southeastern Cancer Study Group protocol. J Clin Oncol 1989;7(3):387-91.

de Wit R, Roberts T, Wilkinson PM et al. Equivalence of three or four cycles of bleomycin, etoposide, and cisplatin chemotherapy and of a 3- or 5- day schedule in good-prognosis germ cell cancer: a randomized study of the European Organization for research and treatment of cancer genitourinary tract cancer cooperative group and the Medical Research Council. J Clin Oncol 2001;19(6):1629-40.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Testicular Cancer, V1.2018.

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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.

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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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