**Regimen Monograph**



## A - Regimen Name

# CISPETOP(3D) Regimen

**CISplatin-Etoposide**

**Disease Site**

Breast
Central Nervous System
Gastrointestinal - Colorectal
Gastrointestinal - Esophagus
Gastrointestinal - Gastric / Stomach
Gastrointestinal - Hepatobiliary / Liver / Bile Duct
Gastrointestinal - Pancreas
Genitourinary - Bladder / Urothelial
Genitourinary - Prostate
Gynecologic - Cervix
Gynecologic - Endometrial
Gynecologic - Ovary
Head and Neck
Lung - Small Cell

**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**

Treatment of small cell carcinoma

back to top

## B - Drug Regimen

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

back to top

## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

For a usual total of 4 to 6 cycles unless disease progression or unacceptable toxicity occurs

back to top

## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate

**Febrile Neutropenia Risk:** Moderate

**Other Supportive Care:**

Also refer to CCO Antiemetic Summary

back to top

## E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

**Dosage with toxicity**

**Hematologic Toxicities**: See appendix 6 for general recommendations.

**Hepatic Impairment**

| Bilirubin | Action |
|---|---|
| 1. If Bilirubin 1-2 x ULN | **REDUCE** Etoposide to **50%** dose |
| 2. If Bilirubin 2-4 x ULN | **REDUCE** Etoposide to **25%** dose |
| 3. If Bilirubin > 4 x ULN | **OMIT** Etoposide |

**Renal Impairment**

| Creatinine Clearance | Action |
|---|---|
| If CrCl 10 – 50 mL/min | **REDUCE** Cisplatin* to **75%** or **50%** dose AND **REDUCE** Etoposide to **75%** dose |
| If CrCl < 10 ml/min | **REDUCE** Etoposide to **50%** dose, or **OMIT** dose AND **OMIT** Cisplatin* dose |

*See Dosing section of CISPLATIN drug monograph (dosage reduction).

back to top

## 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<br>• Alopecia<br>• Nephrotoxicity (may be severe)<br>• Ototoxicity<br>• Myelosuppression +/- infection, bleeding<br>• Anorexia<br>• Diarrhea<br>• Mucositis<br>• Abnormal electrolytes | • Increased LFTs<br>• Hypersensitivity<br>• Arterial thromboembolism<br>• Venous thromboembolism<br>• Pneumonitis<br>• Vasculitis |

back to top

## G - Interactions

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

back to top

## H - Drug Administration and Special Precautions

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

back to top

## 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

- Clinical toxicity assessment (including stomatitis, neurotoxicity, ototoxicity); at each visit
- CBC; baseline and before each cycle. Interim counts should be done in first cycle and repeated if dose modifications necessary.
- Baseline and regular liver function tests
- Baseline and regular renal function tests (including electrolytes and magnesium) and urinalysis
- Blood pressure monitoring during infusion

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

back to top

## 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 |

back to top

## K - References

Cisplatin, etoposide drug monographs, Cancer Care Ontario.

**Lung:**

Evans WK, Osoba D, Feld R, et al, Etoposide (VP-16) and cisplatin: An effective treatment for relapse in small-cell lung cancer. J Clin Oncol, 1985; 3: 65-71

Fukuoka M, Furuse K, Saijo N, et al. Randomized trial of cyclophosphamide, doxorubicin, and vincristine versus cisplatin and etoposide versus alteration of these regimens in small cell lung cancer. JNCI, 1991; 83: 855-861

Maksymiuk AW, Jett JR, Earle JD, Su JQ, Diegert FA, Mailliard JA, et al. Sequencing and schedule effects of cisplatin plus etoposide in small-cell lung cancer: results of a North Central Cancer Treatment Group randomized clinical trial. J Clin Oncol 1994;12:70-6.

Roth BJ, Johnson DH, Einhorn LH, et al. Randomized study of cyclophosphamide, doxorubicin, and vincristine versus cisplatin and etoposide versus alteration of these two agents in extensive small cell lung cancer: a phase III trial of the Southeastern Cancer Study Group. J Clin Oncol, 1992; 10: 282-291

**Endometrial:**

Hunter RW, Williams KE, Buck M, et al. Metastatic small cell carcinoma of the endometrium: prolonged remission and possible cure following chemotherapy. Int J Gynecol Cancer 1994;4(2):127-30.

**Ovarian:**

Isonishi S, Nishii H, Saitou M, et al. Small cell carcinoma of the ovary: clinical and biological study. Int J Clin Oncol 2008;13(2):161-5.

**Thymoma:**

Giaccone G, Ardizzoni A, Kirkpatrick A, et al. Cisplatin and etoposide combination chemotherapy for locally advanced or metastatic thymoma. A phase II study of the European Organization for Research and Treatment of Cancer Lung Cancer Cooperative Group. J Clin Oncol 1996;14(3):814-20.

**Bladder:**

Chhabra S, Hegde P, Singhal P, et al. Primary small cell carcinoma of the urinary bladder--mini-review of the literature. Asian Pac J Cancer Prev 2012;13(8):3549-53.

**PEBC Advice Documents or Guidelines**

- Chemotherapy for Relapsed Small Cell Lung Cancer

**March 2018** republished to display palliative intent on website

back to top

## L - Other Notes

- May be more effective if cisplatin given first, followed by etoposide (Maksymiak AW, J Clin Oncol, 1994; 12: 70-76

back to top

## 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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back to top