**Regimen Monograph**



## A - Regimen Name

# CISPETOP(5D) Regimen

**CISplatin-Etoposide**

| | |
|---|---|
| **Disease Site** | Genitourinary - Testis |
| **Intent** | Curative<br>Adjuvant |
| **Regimen Category** | **Evidence-Informed :**<br><br>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. |

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## B - Drug Regimen

| | | | |
|---|---|---|---|
| **CISplatin** | 20 mg /m² | IV | Days 1 to 5 |
| **etoposide** | 100 mg /m² | IV | Days 1 to 5 |

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## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

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

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** High

**Febrile Neutropenia Risk:** Moderate

**Other Supportive Care:**

- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to Cisplatin monograph
- Fertility counselling and sperm bank should be routinely offered

Also refer to CCO Antiemetic Summary

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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 are in use at some centres.

**As dose modification of CISP/ETOP treatment may compromise its efficacy, it is recommended that modification of this regimen be done only after discussion with a medical oncologist experienced in the treatment of testicular cancer.**

**Dosage with toxicity**

Hematologic Toxicities: Doses should not be reduced or delayed due to neutropenia, but G-CSF should be given as secondary prophylaxis as per CCO guidelines.

CCO Practice Guideline: The Role of Colony-Stimulating Factor (CSF) in Patients Receiving Myelosuppressive Chemotherapy for the Treatment of Cancer

**Hepatic Impairment**

Dosage modification should be individualized.

**Renal Impairment**

Dosage modification should be individualized.

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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<br>• Alopecia<br>• Nephrotoxicity (may be severe)<br>• Neurotoxicity (includes ototoxicity)<br>• Myelosuppression +/- infection, bleeding<br>• Anorexia<br>• Diarrhea<br>• Abnormal electrolytes | • ↑ LFTs<br>• Hypersensitivity<br>• Hypotension<br>• Arterial thromboembolism<br>• Venous thromboembolism<br>• Pneumonitis<br>• Seizure<br>• Vasculitis |

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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

- Audiogram; Baseline and as clinically indicated
- Electrolytes, including magnesium, sodium, potassium, phosphate and calcium.; Baseline and regular
- Blood pressure; Baseline and at each treatment
- CBC; Baseline and regular
- Liver function tests; Baseline and regular
- Renal function tests; Baseline and regular
- Clinical toxicity assessment of infection, bleeding, nausea/vomiting, neurotoxicity, ototoxicity, thromboembolism; at each visit

- 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) | 15.79 minutes |
| Nursing Workload (average time per visit) | 49.167 minutes |

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## K - References

Cisplatin and etoposide drug monographs, Cancer Care Ontario.

Xiao H, Mazumdar M, Bajorin DF, et al. Long-term follow-up of patients with good-risk germ cell

tumors treated with etoposide and cisplatin. J Clin Oncol 1997;15(7):2553-8.

Motzer RJ. Adjuvant chemotherapy for patients with stage II nonseminomatous testis cancer. Semin Oncol, 1995; 22: 641-646.

Clinical Practice Guidelines in Oncology: Testicular Cancer. National Comprehensive Cancer Network, v2.2017.

**September 2017** aligned drug regimen with ST-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.*

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