Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CISPETOP(PO) 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.

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.

Supplementary Public Funding
etoposide
ODB - General Benefit (etoposide - oral capsules)

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B - Drug Regimen

CISplatin	25 mg /m²	IV	Days 1 to 3
etoposide	200 mg /m²	PO	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 (Cisplatin <70 mg/m2)
No routine prophylaxis for etoposide PO

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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

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J - Administrative Information

Approximate Patient Visit	3-4 hours
Pharmacy Workload (average time per visit)	42.128 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.

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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.

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, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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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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