

Regimen Monograph

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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 /m ²	IV	Days 1 to 3
etoposide	200 mg /m ²	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.

PEBC Advice Documents or Guidelines

- [Systemic Therapy of Incurable Gastroenteropancreatic Neuroendocrine Tumours](#)

May 2019 Updated emetic risk category

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M - Disclaimer

Regimen Abstracts

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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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