

Regimen Monograph

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A - Regimen Name

CISPETOP(PO) Regimen

CISplatin-Etoposide

Disease Site Lung
Non-Small Cell
Small Cell

Intent Adjuvant
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	75 mg /m ²	IV	Day 1
etoposide	200 mg /m ²	PO	Days 1 to 3

Alternative Schedule: Etoposide 100 mg/m² IV day 1 then 200 mg/m² PO days 2 to 3

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

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

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (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

Cisplatin and etoposide drug monographs, Cancer Care Ontario.

Belani CP, Lee JS, Socinski MA, et al. Randomized phase III trial comparing cisplatin-etoposide to carboplatin-paclitaxel in advanced or metastatic non-small cell lung cancer. *Ann Oncol*. 2005;16(7):1069-75.

Bonomi P, Kim KM, Fairclough D et al. Comparison of survival and quality of life in advanced non-small cell lung cancer patients treated with two dose levels of paclitaxel combined with cisplatin versus etoposide with cisplatin: results of an Eastern Cooperative Oncology Group trial. *J Clin Oncol* 2000; 18: 623–631.

Klastersky J, Sculier JP, Dabouis G, et al. A randomized trial of two platinum combinations in patients with advanced non-small cell lung cancer: a preliminary report. European Organization for the Research and Treatment of Cancer--Lung Cancer Working Party. *Semin Oncol*. 1990 Feb;17(1 Suppl 2):20-4.

Sundstrom S, Bremnes RM, Kaasa S, et al. Cisplatin and etoposide regimen is superior to cyclophosphamide, epirubicin, and vincristine regimen in small-Cell lung cancer: results from a randomized phase III trial with 5 years' follow-up. *J Clin Oncol* 2002;20:4665-72.

PEBC Advice Documents or Guidelines

- [Adjuvant Systemic and Radiation Therapy for Stage I to IIIA Completely Resected Non–Small-Cell Lung Cancers: ASCO-CCO Clinical Practice Guideline Update](#)
- [Systemic Therapy for Small-Cell Lung Cancer: ASCO-OH\(CCO\) Guideline](#)

November 2023 Added PEBC guideline link

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M - Disclaimer

Regimen Abstracts

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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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