

## Regimen Monograph

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## A - Regimen Name

# CISPETOP Regimen

Cisplatin-Etoposide

**Disease Site** Lung  
Small Cell

**Intent** Adjuvant

**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.

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**B - Drug Regimen****Standard schedule:**

<a href="#">CISplatin</a>	80 mg /m <sup>2</sup>	IV	Day 1
<a href="#">etoposide</a>	100 mg /m <sup>2</sup>	IV	Days 1 to 3

**Alternative Schedule:**

<a href="#">CISplatin</a>	60 mg /m <sup>2</sup>	IV	Day 1
<a href="#">etoposide</a>	100 to 120 mg /m <sup>2</sup>	IV	Days 1 to 3

[back to top](#)**C - Cycle Frequency****Standard schedule:** REPEAT EVERY 21 to 28 DAYS**Alternative schedule:** 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:** High**Other Supportive Care:**Alternative schedule may have different emetic risk. 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	Day 1: 4 hours; Etoposide days: 1 hour
Pharmacy Workload (average time per visit)	18.404 minutes
Nursing Workload (average time per visit)	42.5 minutes

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## K - References

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Noda K, Nishiwaki Y, Kawahara M, et al. Irinotecan plus cisplatin compared with etoposide plus cisplatin for extensive small-cell lung cancer. *N Engl J Med*;346(2):85-91.

Oh IJ, Kim KS, Park CK, et al. Belotecan/cisplatin versus etoposide/cisplatin in previously untreated patients with extensive-stage small cell lung carcinoma: a multi-center randomized phase III trial. *BMC Cancer* 2016;16:690.

Seckl MJ, Ottensmeier CH, Cullen M, et al. Multicenter, Phase III, Randomized, Double-Blind, Placebo-Controlled Trial of Pravastatin Added to First-Line Standard Chemotherapy in Small-Cell Lung Cancer (LUNGSTAR). *J Clin Oncol* 2017;35(14):1506-14.

Sun Y, Cheng Y, Hao X, et al. Randomized phase III trial of amrubicin/cisplatin versus etoposide/cisplatin as first-line treatment for extensive small-cell lung cancer. *BMC Cancer*. 2016;16:265.

### **PEBC Advice Documents or Guidelines**

- [Initial Management of Small Cell Lung Cancer \(Limited and Extensive Stage\) and the Role of Thoracic Radiotherapy and First-Line Chemotherapy](#)
- [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**

*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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