

Regimen Monograph

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A - Regimen Name

CISPETOP Regimen

Cisplatin-Etoposide

Disease Site Lung
Small Cell

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.

Rationale and Uses A variant to existing cisplatin/etoposide regimens

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B - Drug Regimen

CISplatin	75 mg /m ²	IV	Day 1
etoposide	100 mg /m ²	IV	Days 1 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

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	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

Fukuoka M, Furuse K, Saijo N, et al. Randomized trial of cyclophosphamide, doxorubicin, and vincristine versus cisplatin and etoposide versus alteration of these regimens in small cell lung cancer. JNCI, 1991; 83: 855-861

Spigel DR, Townley PM, Waterhouse DM, et al. Randomized phase II study of bevacizumab in combination with chemotherapy in previously untreated extensive-stage small-cell lung cancer: results from the SALUTE trial. J Clin Oncol 2011;29(16):2215-22.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Small-Cell Lung Cancer: ASCO-OH\(CCO\) Guideline](#)

November 2023 Updated PEBC guideline link

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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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