Regimen Monograph

A - Regimen Name

CISPGEMCPACL Regimen

CISplatin-Gemcitabine-PACLitaxel

Disease Site Genitourinary - Bladder / Urothelial

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.

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B - Drug Regimen

PACLitaxel	80 mg /m²	IV	Days 1, 8
gemcitabine	1000 mg /m²	IV	Days 1, 8
CISplatin	70 mg /m²	IV	Day 1 ONLY

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

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

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (D1)
Low (D8)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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

Paclitaxel: Patients should be pretreated with a corticosteroid as well as an antihistamine and a H2 blocker. For example:

- DEXAMETHASONE 20mg PO 12 & 6 hours or 20mg IV 30 minutes before paclitaxel
- DIPHENHYDRAMINE 50mg IV 30 minutes before paclitaxel
- RANITIDINE 50mg IV 30 minutes before paclitaxel

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J - Administrative Information

Approximate Patient Visit 5 hours

Pharmacy Workload (average time per visit) 43.811 minutes
Nursing Workload (average time per visit) 49.833 minutes

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K - References

Bellmunt J, von der Maase H, Mead GM, et al. Randomized phase III study comparing paclitaxel/cisplatin/gemcitabine and gemcitabine/cisplatin in patients with locally advanced or metastatic urothelial cancer without prior systemic therapy: EORTC Intergroup Study 30987. J Clin Oncol 2012;30(10):1107-13.

Ecke TD, Gerullis H, Bartel P, et al. Gemcitabine, paclitaxel, and cisplatin as combined adjuvant approach in transitional cell carcinoma of the urothelium. Minerva Urol Nefrol 2009;61(3):249-56.

June 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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