Regimen Monograph

A - Regimen Name

CISPGEMC+TISL Regimen

Cisplatin-Gemcitabine-Tislelizumab

Disease Site

Head and Neck
Nasopharynx

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

First-line treatment of recurrent/metastatic nasopharyngeal cancer

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B - Drug Regimen

tislelizumab	200 mg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
gemcitabine	1000 mg /m²	IV	Days 1 and 8
CISplatin	80 mg /m²	IV	Day 1

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 4 to 6 cycles, followed by maintenance tislelizumab (TISL(MNT)), unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (Day 1)
Low (Day 8)

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Other Supportive Care:

- All patients should receive adequate hydration and premedication for emesis, according to local guidelines.

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J - Administrative Information

Approximate Patient Visit	Day 1: 4-5 hours; Day 8: 0.75 hour
Pharmacy Workload (average time per visit)	31.387 minutes

Nursing Workload (average time per visit) 40.000 minutes

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K - References

Yang Y, Pan J, Wang H, et al. Tislelizumab plus chemotherapy as first-line treatment for recurrent or metastatic nasopharyngeal cancer: A multicenter phase 3 trial (RATIONALE-309). Cancer Cell 2023 Jun 12;41(6):1061-72.e4. doi: 10.1016/j.ccell.2023.04.014.

Yang Y, Pan J, Wang H, et al. 121O RATIONALE 309: A randomized, global, double-blind, phase III trial of tislelizumab (TIS) vs placebo, plus gemcitabine + cisplatin (GP), as first-line treatment for recurrent/metastatic nasopharyngeal cancer (RM-NPC) (Abstract). Ann Oncol 2021;32(Supplement 7):S1430.

April 2024 new ST-QBP regimen

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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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