Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CISPGEMC+TORI Regimen

Cisplatin-Gemcitabine-Toripalimab

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 patients with metastatic or with recurrent, locally advanced nasopharyngeal carcinoma

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B - Drug Regimen

toripalimab[1]	240 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

[1] Give toripalimab before chemotherapy if both are given on the same day.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For up to 6 cycles, following by single agent toripalimab (TORI(MNT)) for a maximum of 24 months, unless disease progression or unacceptable toxicity

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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: 5 to 6 hours; Gemcitabine only: 0.75 hour
Pharmacy Workload (average time per visit)	31.387 minutes
Nursing Workload (average time per visit)	40.00 minutes

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K - References

Mai HQ, Chen QY, Chen D, et al. Toripalimab plus chemotherapy for recurrent or metastatic nasopharyngeal carcinoma: The JUPITER-02 randomized clinical trial. JAMA 2023 Nov 28;330(20):1961-70. doi: 10.1001/jama.2023.20181.

Product monograph: Loqtorzi™ (toripalimab). Apotex Inc., October 17, 2025.

Reimbursement recommendation (draft): toripalimab (Loqtorzi), December 2025.

February 2026 new ST-QBP regimen

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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.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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