

## Regimen Monograph

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## A - Regimen Name

# CISPGEMC(W) Regimen

CISplatin-Gemcitabine

**Disease Site**      Gastrointestinal  
                                 Pancreas

**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**      For the treatment of locally advanced or metastatic pancreatic ductal adenocarcinoma with germline BRCA/PALB2 mutation.

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**B - Drug Regimen**

<a href="#">CISplatin</a>	25 mg /m <sup>2</sup>	IV	Days 1 and 8
<a href="#">gemcitabine</a>	600 mg /m <sup>2</sup>	IV	Days 1 and 8

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**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative cisplatin toxicity

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate

**Other Supportive Care:**

Also refer to [CCO Antiemetic Recommendations](#).

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

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**J - Administrative Information**

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	34.104 minutes
Nursing Workload (average time per visit)	46.667 minutes

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## K - References

O'Reilly EM, Lee JW, Zalupski M, et al. Randomized, Multicenter, Phase II Trial of Gemcitabine and Cisplatin With or Without Veliparib in Patients With Pancreas Adenocarcinoma and a Germline *BRCA/PALB2* Mutation. *J Clin Oncol*. 2020 May 1;38(13):1378-1388.

**January 2023** 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.*

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