

Regimen Monograph

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A - Regimen Name

CISPGEMC(W) Regimen

CISplatin-Gemcitabine

Disease Site Genitourinary
Bladder / Urothelial

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 advanced or metastatic urothelial cancer

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B - Drug Regimen

CISplatin	35 mg /m ²	IV	Days 1 and 8
gemcitabine	1000 mg /m ²	IV	Days 1 and 8

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For up to 6 cycles unless disease progression or unacceptable toxicity occurs

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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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Cisplatin and gemcitabine drug monographs, Cancer Care Ontario.

Dogliotti L, Cartenì G, Siena S, et al. Gemcitabine plus cisplatin versus gemcitabine plus carboplatin as first-line chemotherapy in advanced transitional cell carcinoma of the urothelium: results of a randomized phase 2 trial. Eur Urol. 2007;52(1):134-41.

Kim YR, Lee JL, You D, et al. Gemcitabine plus split-dose cisplatin could be a promising alternative to gemcitabine plus carboplatin for cisplatin-unfit patients with advanced urothelial carcinoma. Cancer Chemother Pharmacol 2015;76(1):141-53.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Metastatic Urothelial Cancer: Endorsement of a Portion of the European Association of Urology Guideline on Muscle-Invasive and Metastatic Bladder Cancer](#)

September 2022 added PEBC guideline

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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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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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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