

## Regimen Monograph

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## A - Regimen Name

# CISPGEMC Regimen

Gemcitabine-CISplatin

**Disease Site**      Gastrointestinal - Hepatobiliary / Liver / Bile Duct

**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.

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**B - Drug Regimen**

<a href="#">CISplatin</a>	75 mg /m <sup>2</sup>	IV	Day 1
<a href="#">gemcitabine</a>	1000-1250 mg /m <sup>2</sup>	IV	Days 1 and 8

**Alternative schedule:**

<a href="#">CISplatin</a>	75 mg /m <sup>2</sup>	IV	Day 1
<a href="#">gemcitabine</a>	1000 mg /m <sup>2</sup>	IV	Days 1, 8 & 15

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**C - Cycle Frequency**

Standard schedule: REPEAT EVERY 21 DAYS

Alternative schedule: REPEAT EVERY 28 DAYS

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

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** High (D1)  
Low (D8)

**Other Supportive Care:**

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

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

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## J - Administrative Information

Approximate Patient Visit	Day 1: 4 to 5 hours; Gemcitabine only day: 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

Charoentum C, Thongprasert S, Chewaskulyong B, et al. Experience with gemcitabine and cisplatin in the therapy of inoperable and metastatic cholangiocarcinoma. *World J Gastroenterol* 2007;13(20):2852-4.

Giuliani F, Gebbia V, Maiello E, et al. Gemcitabine and cisplatin for inoperable and/or metastatic biliary tree carcinomas: a multicenter phase II study of the Gruppo Oncologico dell'Italia Meridionale (GOIM). *Ann Oncol* 2006;17 Suppl 7:vii73-7.

Kang MJ, Lee JL, Kim TW, et al. Randomized phase II trial of S-1 and cisplatin versus gemcitabine and cisplatin in patients with advanced biliary tract adenocarcinoma. *Acta Oncol* 2012;51(7):860-6.

Valle J, Wasan H, Palmer DH, et al. Cisplatin plus gemcitabine versus gemcitabine for biliary tract cancer. *N Engl J Med* 2010 Apr 8;362(14):1273-81.

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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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