Regimen Monograph

A - Regimen Name

CISPIRIN Regimen

Cisplatin-Irinotecan

Disease Site

Breast
Central Nervous System
Gastrointestinal
- Colorectal
- Esophagus
- Gastric / Stomach
- Hepatobiliary / Liver / Bile Duct
- Pancreas

Genitourinary
- Bladder / Urothelial
- Prostate

Gynecologic
- Cervix
- Endometrial
- Ovary

Head and Neck
Lung
- Small Cell

(CNS - Palliative intent only)
(Small Cell Carcinoma)

Intent

Adjuvant
Curative
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

- The Lung Disease Site Drug Advisory Committee notes that a meta-analysis of randomized clinical trials demonstrated a small survival advantage for trials of cisplatin and irinotecan versus cisplatin and etoposide. The magnitude of this benefit is influenced by one trial from Japan and one trial from Korea and it is unclear whether these trial results may be extrapolated to North American populations.
- Irinotecan may be a reasonable first-line alternative for extensive stage small cell lung cancers if etoposide is contraindicated or due to toxicity.
- As an alternative treatment for limited stage lung and all extrapulmonary small cell cancers if etoposide is unavailable due to a supply interruption.

back to top

B - Drug Regimen

CISplatin	30 mg /m²	IV	Days 1 and 8
irinotecan	65 mg /m²	IV	Days 1 and 8

Alternative Schedule 1:

CISplatin	80 mg /m²	IV	Day 1
irinotecan	65 mg /m²	IV	Days 1 and 8

Alternative Schedule 2:

CISplatin	60 mg /m²	IV	Day 1
irinotecan	60 mg /m²	IV	Days 1, 8, 15

back to top

C - Cycle Frequency

Standard Schedule: Repeat every 21 days

Alternative Schedule 1: Repeat every 21 days

Alternative Schedule 2: Repeat every 28 days

Extensive Stage: For a usual total of 4-6 cycles, unless disease progression or unacceptable toxicity occurs

Limited Stage: For a usual total of 3 cycles after completion of concurrent chemoradiation therapy with CISPETOP(RT)

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Alternative schedules may have different emetic risk. Also refer to CCO Antiemetic Recommendations.

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

back to top

J - Administrative Information

Approximate Patient Visit	4 hours
Pharmacy Workload (average time per visit)	27.41 minutes
Nursing Workload (average time per visit)	46.67 minutes

back to top

K - References

Hanna N, Bunn PA Jr, Langer C, et al. Randomized phase III trial comparing irinotecan/cisplatin with etoposide/cisplatin in patients with previously untreated extensive-stage disease small-cell lung cancer. J Clin Oncol. 2006 May 1;24(13):2038-43.

Kubota K, Hida T, Ishikura S, et al. Etoposide and cisplatin versus irinotecan and cisplatin in patients with limited-stage small-cell lung cancer treated with etoposide and cisplatin plus concurrent accelerated hyperfractionated thoracic radiotherapy (JCOG0202): a randomised phase 3 study. Lancet Oncol. 2014;15:106-13.

Lara PN Jr, Natale R, Crowley J, et al. Phase III trial of irinotecan/cisplatin compared with etoposide/cisplatin in extensive-stage small-cell lung cancer: clinical and pharmacogenomic results from SWOG S0124. J Clin Oncol 2009;27(15):2530-5.

Noda K, Nishiwaki Y, Kawahara M, et al. Irinotecan plus cisplatin compared with etoposide plus cisplatin for extensive small-cell lung cancer. N Engl J Med 2002;346(2):85-91.

Saito H, Takada Y, Ichinose Y, et al. Phase II study of etoposide and cisplatin with concurrent twice-daily thoracic radiotherapy followed by irinotecan and cisplatin in patients with limited-disease small-

cell lung cancer: west Japan thoracic oncology group 9902. J Clin Oncol.2006;24:5247-5252.

Zatloukal P, Cardenal F, Szczesna A, et al. A multicenter international randomized phase III study comparing cisplatin in combination with irinotecan or etoposide in previously untreated small-cell lung cancer patients with extensive disease. Ann Oncol. 2010 Sep;21(9):1810-6.

PEBC Advice Documents or Guidelines

- Initial Management of Small Cell Lung Cancer (Limited and Extensive Stage) and the Role of Thoracic Radiotherapy and First-Line Chemotherapy
- Systemic Therapy for Small-Cell Lung Cancer: ASCO-OH(CCO) Guideline

December 2023 Added PEBC guideline link

back to top

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.

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.

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.

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.

While care has been taken in the preparation of the information contained in the Formulary, 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.

CCO and the Formulary's content providers shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the Formulary.

back to top