

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

CISP(RT-W)-VIPD Regimen

Disease Site Hematologic - Lymphoma - T-cell

Intent 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 For the treatment of NK/T-cell lymphoma.

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B - Drug Regimen

CISplatin	30 mg /m ²	IV	weekly x 4 with radiation
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Followed by VIPD:

etoposide	100 mg /m ²	IV	Days 1 to 3
ifosfamide	1200 mg /m ²	IV	Days 1 to 3
mesna	240 mg /m ²	IV	at 0, 4 and 8 hours post-ifosfamide; Days 1 to 3
CISplatin	33 mg /m ²	IV	Days 1 to 3
dexamethasone	40 mg	IV / PO	Days 1 to 4

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C - Cycle Frequency

Following weekly cisplatin concurrent with radiation, VIPD is repeated every 21 days for up to 3 cycles unless disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

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

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J - Administrative Information

Pharmacy Workload (average time per visit) 38.789 minutes

Nursing Workload (average time per visit) 54.359 minutes

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K - References

Kim SJ, Kim K, Kim BS, Kim CY, et al. Phase II trial of concurrent radiation and weekly cisplatin followed by VIPD chemotherapy in newly diagnosed, stage IE to IIE, nasal, extranodal NK/T-Cell Lymphoma: Consortium for Improving Survival of Lymphoma study. J Clin Oncol. 2009 Dec 10;27(35):6027-32.

May 2019 Updated emetic risk category

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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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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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