

Regimen Monograph

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A - Regimen Name

CISPVINO Regimen

CISplatin-Vinorelbine

Disease Site Head and Neck

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 Treatment of recurrent salivary gland cancer

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B - Drug Regimen

CISplatin	80 mg /m ²	IV	Day 1
vinorelbine	25 mg /m ²	IV	Days 1 and 8

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a maximum of 6 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (D1)
Minimal (D8)

Other Supportive Care:

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

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

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J - Administrative Information

Approximate Patient Visit	Day 1: 4 hours; Vinorelbine only: 0.5 hours
Pharmacy Workload (average time per visit)	29.576 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Cisplatin and vinorelbine drug monographs, Cancer Care Ontario.

Airoldi M, Pedani F, Succo G, et al. Phase II randomized trial comparing vinorelbine versus

vinorelbine plus cisplatin in patients with recurrent salivary gland malignancies.
Cancer 2001;91(3):541-7.

June 2019 Updated emetic risk category

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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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