

## Regimen Monograph

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## A - Regimen Name

# ETOPPAC-CISPPACL Regimen

Etoposide-PACLitaxel-CISplatin

**Disease Site** Gynecologic - Gestational Trophoblastic Disease (GTD) Recurrent/High Risk/Metastatic

**Intent** Curative

**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 resistant high-risk GTD, placental site trophoblastic tumour, or epithelioid trophoblastic tumour

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**B - Drug Regimen****CISPPACL:**

<a href="#">PACLitaxel</a>	135 mg /m <sup>2</sup>	IV	Day 1
<a href="#">CISplatin</a>	60 mg /m <sup>2</sup>	IV	Day 1

**ETOPPAC:**

<a href="#">PACLitaxel</a>	135 mg /m <sup>2</sup>	IV	Day 15
<a href="#">etoposide</a>	150 mg /m <sup>2</sup>	IV	Day 15

[back to top](#)**C - Cycle Frequency****REPEAT EVERY 28 DAYS**

(CISPPACL and ETOPPAC are alternated every two weeks starting with CISPPACL)

Treatment continued for 8 weeks after the first normal hCG level

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**Antiemetic Regimen:** Moderate (D1)  
Low (D15)

**Febrile Neutropenia Risk:** Low

**Other Supportive Care:**

- Oral hydration is strongly encouraged; poorly hydrated patients may need more IV hydration. Patients Should be Pretreated with a Corticosteroid as well as an antihistamine and a H2 Blocker: For example:
- DEXAMETHASONE\*: 20mg PO 12 & 6 hours before Paclitaxel OR 20 mg IV 30 minutes before Paclitaxel
- DIPHENHYDRAMINE: 50mg IV 30 minutes before Paclitaxel
- RANITIDINE: 50mg IV 30 minutes before Paclitaxel

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

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**J - Administrative Information**

Approximate Patient Visit                      Day 1: 7-9 hours; Day 15: 5 hours  
Pharmacy Workload (average time per visit) 36.977 minutes  
Nursing Workload (average time per visit)    62.333 minutes

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## K - References

Osborne R, Covens A, Merchandani et al. Successful salvage of relapsed high-risk gestational trophoblastic neoplasia patients using novel paclitaxel-containing doublet. J Reprod Med 2004 (8): 655-61.

Wang J, Short D, Sebire NJ, et al. Salvage chemotherapy of relapsed or high-risk gestational trophoblastic neoplasia (GTN) with paclitaxel/cisplatin alternating with paclitaxel/etoposide (TP/TE). Ann Oncol 2008 Sep;19(9):1578-83.

**May 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**

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