Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

GDP Regimen

Gemcitabine-Dexamethasone-PLATINOL® (CISplatin)

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's Low Grade
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	For use in selected patients with relapsed/refractory indolent NHL.
Supplementary Public Funding	**dexamethasone** ODB - General Benefit (dexamethasone) (ODB Formulary)

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B - Drug Regimen

gemcitabine	1000 mg /m²	IV	Days 1 and 8
dexamethasone	40 mg	PO	Days 1 to 4
(Outpatient prescription in 4mg tablets)			
CISplatin	75 mg /m²	IV	Day 1

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

- If complete or partial response occurs after 2 cycles, may proceed to autologous stem cell transplant (ASCT). May receive a third cycle if patient has not achieved a complete or partial response after 2 cycles.
- Patients with stable disease who were not candidates for stem cell transplant or patients who had any response after 2-3 cycles of GDP may receive up to 6 cycles of treatment.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (D1)
Low (D8)

Other Supportive Care:

- The day 1 dexamethasone dose can be given IV before chemotherapy to prevent emesis, with the oral treatment dose reduced accordingly.
- Consider use of filgrastim to maintain dose intensity for patients with febrile neutropenia or prolonged neutropenia.
- 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: 4-5 hours; Day 8: 0.75 hour
Pharmacy Workload (average time per visit)	35.648 minutes
Nursing Workload (average time per visit)	44.167 minutes

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K - References

Evens AM, Vanderlas A, LaCasce AS, et al. Stem cell transplantation for follicular lymphoma relapsed/refractory after prior rituximab. Cancer 2013;119:3662-71.

Kouroukis CT, Rumble RB, Kuruvilla J, et al. Stem cell transplantation in lymphoma. Program in Evidence-based Care Recommendation Report No: SCT-4; 2013 Dec 13.

Schouten HC, Qian W, Kvaloy S, et al. High-dose therapy improves progression-free survivial and survivial in relapsed follicular non-hodgkin's lymphoma: results from the randomized European CUP trial. J Clin Oncol 2003;21:3918-27.

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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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