

## Regimen Monograph

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## A - Regimen Name

## GEMC(RT) Regimen

Gemcitabine

**Disease Site** Genitourinary - Bladder / Urothelial

**Intent** Adjuvant  
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.

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## B - Drug Regimen

### Concurrent with Radiotherapy:

[gemcitabine](#)

100 mg /m<sup>2</sup>

IV

Days 1, 8, 15, 22

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## C - Cycle Frequency

**Weekly concurrent with radiotherapy** (28-day cycle), usually for 1 cycle unless disease progression or unacceptable toxicity occurs

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Low

### Other Supportive Care:

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

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## J - Administrative Information

Approximate Patient Visit	0.75 hr
Pharmacy Workload (average time per visit)	22.855 minutes
Nursing Workload (average time per visit)	36.667 minutes

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## K - References

Choudhury A, Swindell R, Logue JP, Elliott PA, Livsey JE, Wise M, Symonds P, Wylie JP, Ramani V, Sangar V, Lyons J, Bottomley I, McCaul D, Clarke NW, Kiltie AE, Cowan RA. Phase II study of conformal hypofractionated radiotherapy with concurrent gemcitabine in muscle- invasive bladder cancer. J Clin Oncol. 2011 Feb;29(6):733-8. Epub 2011 Jan 4.

Coen JJ, Zhang P, Saylor PJ, et al. Selective bladder preservation with twice-daily radiation plus 5-fluorouracil/cisplatin or daily radiation plus gemcitabine for patients with muscle invasive bladder cancer - Primary results of NRG/RTOG 0712: a randomized phase 2 multicenter trial (abstract LBA-12). DOI: 10.1200/JCO.2018.36.6\_suppl.408 Journal of Clinical Oncology 36, no. 6\_suppl (February 2018) 408-408.

Thompson C, Joseph N, Sanderson B, et al. Tolerability of concurrent chemoradiation therapy with gemcitabine (GemX), with and without prior neoadjuvant chemotherapy, in muscle invasive bladder cancer. Int J Radiat Oncol Biol Phys. 2017 Mar 15;97(4):732-739.

**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**

*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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*that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.*

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