

## Regimen Monograph

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## A - Regimen Name

# GEMC Regimen

Gemcitabine

**Disease Site** Hematologic - Lymphoma - Hodgkin

**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 the treatment of relapsed or refractory Hodgkin's lymphoma

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**B - Drug Regimen**

<a href="#">gemcitabine</a>	1000 mg /m <sup>2</sup>	IV	Days 1, 8
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**Alternative Schedule:**

<a href="#">gemcitabine</a>	1000 mg /m <sup>2</sup>	IV	Days 1, 8, 15
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[back to top](#)**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

Until disease progression or unacceptable toxicity

Alternative Schedule:**REPEAT EVERY 28 DAYS**

Until disease progression or unacceptable toxicity

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

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Aurer I, Radman I, Nemet D, et al. Gemcitabine in the treatment of relapsed and refractory Hodgkin's disease. *Onkologie*. 2005 Nov;28(11):567-71.

Santoro A, Bredenfeld H, Devizzi L, et al. Gemcitabine in the treatment of refractory Hodgkin's disease: results of a multicenter phase II study. *J Clin Oncol* 2000;18(13):2615-9.

Venkatesh H, Di Bella N, Flynn TP, et al. Results of a phase II multicenter trial of single-agent gemcitabine in patients with relapsed or chemotherapy-refractory Hodgkin's lymphoma. *Clin Lymphoma* 2004;5(2):110-5.

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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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