

Regimen Monograph

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A - Regimen Name

GEMOD Regimen

gemcitabine-oxaliplatin-dexamethasone

Disease Site Hematologic - Lymphoma - T-cell

Intent
Adjuvant
Curative
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 treatment of relapsed/refractory peripheral T-cell lymphoma in patients who are ineligible for high dose chemotherapy with stem cell transplant.

Supplementary Public Funding **dexamethasone**
ODB - General Benefit (dexamethasone)

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gemcitabine	1000 mg /m ²	IV	Day 1
oxaliplatin	100 mg /m ²	IV	Day 1
dexamethasone	20 mg	IV / PO	Days 1 to 4

[back to top](#)**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

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

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Antiemetic Regimen: Moderate

Other Supportive Care:

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

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Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	26.181 minutes
Nursing Workload (average time per visit)	46.667 minutes

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K - References

Yao Y, Tang Y, Zhu Q, et al. Gemcitabine, oxaliplatin and dexamethasone as salvage treatment for elderly patients with refractory and relapsed peripheral T-cell lymphoma. *Leukemia & Lymphoma* June 2013; 54(6): 1194–1200.

December 2020 New ST-QBP regimen

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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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