

Regimen Monograph

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A - Regimen Name

GEMOX+PEG Regimen

Gemcitabine-Oxaliplatin-Pegaspargase

Disease Site Hematologic
Lymphoma - T-cell

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 newly-diagnosed extranodal natural killer (NK)/T-cell lymphoma

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B - Drug Regimen

pegaspargase	2500 units /m ²	IV / IM	Day 0 or 1
(Prior authorization is required for PDRP funding of this drug within this regimen)			
gemcitabine	1000 mg /m ²	IV	Days 1 and 8
oxaliplatin	130 mg /m ²	IV	Day 1

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 4 to 6 cycles, unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (Day 1)
Low (Day 8)
Minimal (if pegaspargase given on Day 0)

Other Supportive Care:

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

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

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J - Administrative Information

Approximate Patient Visit	Day 1: 4 hours; Day 8: 0.75 hours
Pharmacy Workload (average time per visit)	28.5 minutes
Nursing Workload (average time per visit)	43.76 minutes

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K - References

Jing XM, Zhang ZH, Wu P, et al. Efficacy and tolerance of pegaspargase, gemcitabine and oxaliplatin with sandwiched radiotherapy in the treatment of newly-diagnosed extranodal nature killer (NK)/T cell lymphoma. Leuk Res 2016 Aug;47:26-31. doi: 10.1016/j.leukres.2016.05.004.

May 2025 new ST-QBP regimen

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M - Disclaimer**Regimen Abstracts**

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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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