

## Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

## A - Regimen Name

## GEMOX Regimen

gemcitabine-oxaliplatin

**Disease Site** Genitourinary - Testis

**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.

**Rationale and Uses** For the treatment of relapsed/refractory germ cell tumours.

[back to top](#)

## B - Drug Regimen

<a href="#">gemcitabine</a>	1000 mg /m <sup>2</sup>	IV	Days 1 and 8
<a href="#">oxaliplatin</a>	130 mg /m <sup>2</sup>	IV	Day 1

[back to top](#)

## C - Cycle Frequency

### REPEAT EVERY 21 DAYS

For a maximum of 6 cycles, unless disease progression or unacceptable toxicity occurs

[back to top](#)

## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate (D1)  
Low (D8)

### Other Supportive Care:

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

[back to top](#)

## J - Administrative Information

Approximate Patient Visit	Day 1: 3 hours; Day 8: 0.75 hours
Pharmacy Workload (average time per visit)	26.181 minutes
Nursing Workload (average time per visit)	46.667 minutes

[back to top](#)

## K - References

De Giorgi U, Rosti G, Aieta M, et al. Phase II study of oxaliplatin and gemcitabine salvage chemotherapy in patients with cisplatin-refractory nonseminomatous germ cell tumor. *Eur Urol* 2006;50(5):1032–1039. 12.

Kollmannsberger C, Beyer J, Liersch R, et al. Combination Chemotherapy with Gemcitabine Plus Oxaliplatin in Patients With Intensively Pretreated or Refractory Germ Cell Cancer: A Study of the German Testicular Cancer Study Group. *J Clin Oncol* 2004;22(1):108-14.

Oechsle K, Kollmannsberger C, Honecker F, et al. Long-term survival after treatment with gemcitabine and oxaliplatin with and without paclitaxel plus secondary surgery in patients with cisplatin-refractory and/or multiply relapsed germ cell tumors. *Eur Urol* 2011;60(4):850-5.

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Pectasides D, Pectasides M, Farmakis D, et al. Gemcitabine and oxaliplatin (GEMOX) in patients with cisplatin-refractory germ cell tumors: a phase II study. *Ann Oncol* 2004;15(3):493–7.

**May 2019** Updated emetic risk category

[back to top](#)

## 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.*

*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.*

### **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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[back to top](#)