

## Regimen Monograph

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

## A - Regimen Name

# TIP(MOD) Regimen

Paclitaxel-Ifosfamide (with Mesna)-Cisplatin

**Disease Site** Genitourinary - Penile

**Intent** Neoadjuvant  
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.

[back to top](#)

**B - Drug Regimen**

<a href="#">PACLitaxel</a>	175 mg /m <sup>2</sup>	IV over 3 hours	Day 1
<a href="#">mesna</a>	400 mg /m <sup>2</sup>	IV immediately before ifosfamide	Days 1 to 3
<a href="#">ifosfamide</a>	1200 mg /m <sup>2</sup>	IV	Days 1 to 3
<a href="#">CISplatin</a>	25 mg /m <sup>2</sup>	IV	Days 1 to 3
<a href="#">mesna</a> <sup>1</sup>	200 mg /m <sup>2</sup>	IV at 4 and 8 hours post-ifosfamide	Days 1 to 3

<sup>1</sup>or mesna 400 mg/m<sup>2</sup> orally at 4 and 8 hours post-ifosfamide

[back to top](#)

**C - Cycle Frequency****REPEAT EVERY 21 TO 28 DAYS**

Neoadjuvant: For a usual total of 4 cycles unless disease progression or unacceptable toxicity occurs

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

[back to top](#)

**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate

**Other Supportive Care:**

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

[back to top](#)

**J - Administrative Information**

Approximate Patient Visit Day 1: 7-8 hours; Days 2-3: 4 hours

Pharmacy Workload (average time per visit) 39.119 minutes

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Nursing Workload (average time per visit) 59.389 minutes

[back to top](#)

## K - References

Pagliaro LC, Williams DL, Daliani D, et al. Neoadjuvant paclitaxel, ifosfamide, and cisplatin chemotherapy for metastatic penile cancer: a phase II study. J Clin Oncol 2010;28(24):3851-7.

Penile Cancer. NCCN Clinical Practice Guidelines in Oncology. v2. 2017.

**March 2021** modified dosing section

[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.*

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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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*The format and content of the drug monographs, regimen monographs, appendices and symptom management*

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[back to top](#)