

Regimen Monograph

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A - Regimen Name

VIP Regimen

Etoposide (VP-16)-Ifosfamide-PLATINOL® (CISplatin)

Disease Site Gynecologic - Germ Cell

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.

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B - Drug Regimen

CISplatin	20 mg /m ²	IV	Days 1 to 5
ifosfamide	1200 mg /m ²	IV	Days 1 to 5
etoposide	75 mg /m ²	IV	Days 1 to 5
mesna	240 mg /m ²	IV	Days 1 to 5; 15 minutes before ifosfamide

AND

mesna	240 mg /m ²	IV	Days 1 to 5, at 4 and 8 hours after ifosfamide
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May Substitute doses at 4 and 8 hours post-ifosfamide with:

mesna	480 mg /m ²	PO	Days 1 to 5, at 4 and 8 hours after ifosfamide
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For a usual total of 4 cycles unless disease progression or unacceptable toxicity occurs

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G-CSF prophylaxis was used in clinical trials (refer to references and local guidelines).

Also see [G-CSF recommendations](#).

Other Supportive Care:

Also refer to [CCO Antiemetic Summary](#)

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J - Administrative Information

Approximate Patient Visit	7 hours
Pharmacy Workload (average time per visit)	41.24 minutes
Nursing Workload (average time per visit)	59.167 minutes

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K - References

Hinton S, Catalano PJ, Einhorn LH, et al. Cisplatin, etoposide and either bleomycin or ifosfamide in the treatment of disseminated germ cell tumors: final analysis of an intergroup trial. *Cancer*. 2003 Apr 15;97(8):1869-75.

Loehrer PJ, Einhorn LH, Williams SD, VP-16 plus ifosfamide plus cisplatin as salvage therapy in refractory germ cell cancer. *J Clin Oncol*, 1986; 4:1528-1536

Loehrer PJ Sr, Lauer R, Roth BJ, et al. Salvage therapy in recurrent germ cell cancer: ifosfamide and cisplatin plus either vinblastine or etoposide. *Ann Intern Med*, 1988; 109: 540-546

Nichols CR, Catalano PJ, Crawford ED, et al. Randomized comparison of cisplatin and etoposide and either bleomycin or ifosfamide in treatment of advanced disseminated germ cell tumors: an Eastern Cooperative Oncology Group, Southwest Oncology Group, and Cancer and Leukemia Group B Study. *J Clin Oncol* 1998;16(4):1287-93.

April 2018 Modified disease site

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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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