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A	REGIMEN NAME	CISPLATIN-ETOPOSIDE Chemotherapy
<b>Cancer</b>	Neuroendocrine Tumours	Palliative Intent
<b>Regimen Category</b>	<b>Core:</b> standard therapy endorsed by the Disease Site Group and a regimen widely used by most integrated cancer programs in this disease site.	
<b>Rationale and Uses</b>	For the treatment of poorly-differentiated neuroendocrine carcinoma	

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B	DRUG REGIMEN
<b>CISPLATIN</b> */# (Round to nearest 1mg)	25 mg/m <sup>2</sup> IV Days 1 to 3
<b>ETOPOSIDE</b> (Round to nearest 10mg)	100 mg/m <sup>2</sup> IV Days 1 to 3
*Consider using Carboplatin-Etoposide regimen for patients with poor performance status or with toxicity to prior cisplatin . See CARBOETOP regimen.	
# Some clinical trials have used cisplatin 45mg/m <sup>2</sup> on days 2 and 3 only.	

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C	CYCLE FREQUENCY
<b>REPEAT EVERY 21 DAYS</b>	<i>Until stable disease, disease progression, or unacceptable toxicity occurs</i>

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D	PREMEDICATION AND SUPPORTIVE MEASURES
<b>ANTIEMETIC REGIMEN:</b> <b><u>HESKETH LEVEL 5</u></b>	Standard antiemetics and hydration for cisplatin should be followed. See <a href="#">Cisplatin</a> monograph.

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**E****DOSE MODIFICATIONS**

Doses should be modified according to the protocol on which the patient is being treated. The following recommendations are in use at some centres.

Hematologic Toxicities

Refer to [Appendix 6](#) for general recommendations.

Renal Impairment

- |                           |  |
|---------------------------|--|
| 1. If CrCl 10 – 50 mL/min | <b>REDUCE</b> Cisplatin* to <b>75% or 50%</b> dose AND<br><b>REDUCE</b> Etoposide to <b>75%</b> dose |
| 2. If CrCl < 10 ml/min    | <b>REDUCE</b> Etoposide to <b>50%</b> dose, or <b>OMIT</b> dose<br>AND <b>OMIT</b> Cisplatin* dose   |

\* See section E of [CISPLATIN](#) drug monograph. (Dosage reduction)

Hepatic Impairment

- |                           |  |
|---------------------------|--|
| 1. If Bilirubin 1-2 x ULN | <b>REDUCE</b> Etoposide to <b>50%</b> dose |
| 2. If Bilirubin 2-4 x ULN | <b>REDUCE</b> Etoposide to <b>25%</b> dose |
| 3. If Bilirubin > 4 x ULN | <b>OMIT</b> Etoposide                      |

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**F****ADVERSE EFFECTS**

Refer to the Cisplatin and Etoposide drug monographs for full details of adverse effects.

Most Frequently Occurring Adverse Effects

- Myelosuppression
- Nausea and vomiting
- Nephrotoxicity
- Neurotoxicity (ototoxicity)
- Stomatitis
- Alopecia
- Fatigue

Less Common but may be Severe or Life-Threatening

- Thromboembolism
- Secondary leukemia
- Hemolysis
- Rash
- Pneumonitis
- Thrombotic microangiopathy

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**G****INTERACTIONS**

Refer to the Cisplatin and Etoposide drug monographs for full details.

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**H****DRUG ADMINISTRATION AND SPECIAL PRECAUTIONS**

Refer to the Cisplatin and Etoposide drug monographs for full details.

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**I****CLINICAL MONITORING**

- Clinical toxicity assessment (including neurotoxicity, ototoxicity, infection, bleeding, pneumonitis, stomatitis). Grade toxicity using the current [NCI Common Toxicity Criteria Version](#).
- CBC before each cycle.
- Baseline and regular liver and renal function tests (including electrolytes and magnesium) and urinalysis
- Blood pressure monitoring during infusion

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**J****ADMINISTRATIVE INFORMATION**

Patient visit

Approximately 2.5 to 3 hours

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**K****KEY REFERENCE (S)**

Evans WK, Shepherd FA, Feld R, et al. VP-16 and Cisplatin as first-line therapy for small-cell lung cancer. *J Clin Oncol* 1985; 3(11): 1471-7.

Fjallskog, M-LH, et al. Treatment with Cisplatin and Etoposide in Patients with Neuroendocrine Tumors. *Cancer* 2001; 92(5):1101-7.

Mitry E, et al. Treatment of poorly differentiated neuroendocrine tumours with Etoposide and Cisplatin. *BJOC* 1999; 81(8):1351-5.

Moertel CG, Kvols LK, O'Connell MJ, et al. Treatment of Neuroendocrine Carcinomas With Combined Etoposide and Cisplatin: Evidence of Major Therapeutic Activity in the Anaplastic Variants of These Neoplasms. *Cancer* 1991; 68: 22732.

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