INDICATIONS FOR USE:

<table>
<thead>
<tr>
<th>INDICATION</th>
<th>ICD10</th>
<th>Regimen Code</th>
<th>*Reimbursement Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjuvant chemotherapy for pancreatic adenocarcinoma</td>
<td>C25</td>
<td>00284a</td>
<td></td>
</tr>
<tr>
<td>Treatment of elderly patients or patients with ECOG =2 with locally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>advanced or metastatic non small cell lung cancer (NSCLC)</td>
<td>C34</td>
<td>00284b</td>
<td></td>
</tr>
</tbody>
</table>

*If a reimbursement indicator (e.g. ODMS, CDS) is not defined, the drug and its detailed indication have not been assessed through the formal HSE reimbursement process.

TREATMENT:
The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patient's individual clinical circumstances.

**Adjuvant treatment of pancreatic adenocarcinoma:**
Gemcitabine is administered once weekly for 3 consecutive weeks followed by a 1 week pause for 6 cycles (1 cycle = 28 days) or until disease progression or unacceptable toxicity develops.

**Treatment of NSCLC**
Gemcitabine is administered once weekly for 3 consecutive weeks followed by a 1 week pause (1 cycle = 28 days) or until disease progression or unacceptable toxicity develops.

Facilities to treat anaphylaxis MUST be present when the chemotherapy is administered.

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 8 and 15</td>
<td>Gemcitabine</td>
<td>1000mg/m²</td>
<td>IV infusion</td>
<td>250ml NaCl 0.9% over 30mins</td>
<td>Every 28 days</td>
</tr>
</tbody>
</table>

ELIGIBILITY:
- Indications as above
- ECOG 0-2
- Macroscopic complete resection of tumour
- Adequate marrow reserve (ANC > 1.5 x 10⁹/L, platelets > 100x10⁹/L)
- Adequate renal (creatinine ≤ 1.5xULN) and liver function (bilirubin ≤ 26micromol; AST/ALK ≤ 5xULN)

EXCLUSIONS:
- Hypersensitivity to gemcitabine or any of the excipients
- Breast feeding

PRESCRIPTIVE AUTHORITY:
The treatment plan must be initiated by a Consultant Medical Oncologist
TESTS:

Baseline tests:
- FBC, renal and liver profile
- Audiometry and creatinine clearance as clinically indicated

Regular tests:
- FBC prior to each treatment
- Renal and liver profile prior to each cycle

Disease monitoring:
Disease monitoring should be in line with the patient’s treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:
- Any dose modification should be discussed with a Consultant.

Haematological:
Prior to commencing a new treatment cycle (i.e day 1), ANC must be >1 x 10^9/L and platelets > 100 x 10^9/L.

Dose modifications for gemcitabine within a cycle (i.e day 8 and 15)

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelet count (x 10^9/L)</th>
<th>Other toxicity</th>
<th>Recommended dose of Gemcitabine</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1</td>
<td>and &gt; 100</td>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>0.5-1</td>
<td>or 50-100</td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>&lt; 0.5</td>
<td>or &lt; 50</td>
<td>Omit. Do not restart treatment until ANC &gt; 0.5 and platelets &gt; 50</td>
<td></td>
</tr>
</tbody>
</table>

ANC < 0.5 for > 5 days or ANC < 0.1 for > 3 days or Any incidence of febrile neutropenia

Renal and Hepatic Impairment:

Table 2: Dose modification of Gemcitabine in renal and hepatic impairment

<table>
<thead>
<tr>
<th>Drug</th>
<th>Renal Impairment</th>
<th>Hepatic Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemcitabine</td>
<td>Cr Cl (ml/min)</td>
<td>AST elevations do not seem to cause dose limiting toxicities. If bilirubin &gt; 27 micromol/L, initiate treatment with dose of 800 mg/m^2.</td>
</tr>
<tr>
<td>&gt;30</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>Consider dose reduction clinical decision</td>
<td></td>
</tr>
</tbody>
</table>
Management of adverse events:

Table 3: Dose Modification of gemcitabine for Adverse Events

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>Recommended dose modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade &gt; 3 Non-haematological toxicity (except nausea/vomiting)</td>
<td>Therapy with gemcitabine should be withheld (until toxicity has resolved to grade $\leq 1$) and may be resumed with 50% dose reduction or treatment discontinued at discretion of prescribing consultant.</td>
</tr>
<tr>
<td>Grade &gt; 4 Non-haematological toxicity</td>
<td>Discontinue treatment</td>
</tr>
</tbody>
</table>

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:
Gemcitabine Low (Refer to local policy).

PREMEDICATIONS: None usually required

OTHER SUPPORTIVE CARE: No specific recommendations

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated appropriately.
- **Pulmonary Toxicity**: Acute shortness of breath may occur. Discontinue treatment if drug-induced pneumonitis is suspected.
- **Cardiovascular**: Due to the risk of cardiac and/or vascular disorders with gemcitabine, particular caution must be exercised with patients presenting a history of cardiovascular events.
- **Irreversible renal failure** associated with haemolytic uraemic syndrome may occur rarely with gemcitabine. Use caution with pre-existing renal impairment.
- **Infusion time**: Infusion time prolonged beyond 60 minutes has been shown to increase volume of distribution and has been associated with an increase in toxicity. However, given in the context of a fixed dose rate (FDR) regimen, prolonged infusions have also been reported to produce a higher response rate than standard regimens in association with a higher intracellular accumulation of its active metabolite (dFdCTP) (7-10).

DRUG INTERACTIONS:

- Current drug interaction databases should be consulted for more information.

ATC CODE:

Gemcitabine L01BC05

REFERENCES:


8. Pollera CF, Ceribelli A, Crecco M, et al. Prolonged infusion gemcitabine: a clinical phase I study at low- (300 mg/m2) and high-dose (875mg/m2) levels. Invest New Drugs 1997;15(2):115-121.


<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Prof Maccon Keane</td>
</tr>
<tr>
<td>2</td>
<td>6/12/2017</td>
<td>Updated title, indications, dosing for haematological toxicity and dosing in renal and hepatic impairment. Applied new NCCP regimen template</td>
<td>Prof Maccon Keane</td>
</tr>
</tbody>
</table>

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.
NCCP Chemotherapy Regimen

NCCP Regimen: Gemcitabine (1000mg/m²)
Monotherapy - 28 day
Published: 24/11/2015
Review: 06/12/2019
Version number: 2

Tumour Group: Gastrointestinal/Lung
NCCP Regimen Code: 00284
ISM0 Contributor: Prof Maccon Keane
Page 5 of 5

The information contained in this document is a statement of consensus of NCCP and ISMO or IHS professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment. Use of these documents is the responsibility of the prescribing clinician, and is subject to HSE’s terms of use available at http://www.hse.ie/eng/Disclaimer.

This information is valid only on the day of printing, for any updates please check www.hse.ie/NCCPchemoregimens

1 ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes
Further details on the Cancer Drug Management Programme is available at; http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/