CANCER TREATMENT REGIMENS

Gastrointestinal Cancers

Gallbladder Carcinoma and Intrahepatic Cholangiocarcinoma

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. These cancer treatment regimens may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: Grey shaded boxes contain updated regimens.

GALLBLADDER CARCINOMA AND INTRAHEPATIC CHOLANGIOCARCINOMA

General treatment note: Clinical trial participation is encouraged first and foremost.[1]

REGIMEN	DOSING
Primary Treatment of Advanced Disease (in Phase 3 Trials)	
Gemcitabine (Gemzar) **+ cisplatin** (Platinol; CDDP)[2]	**Days 1 and 8:** CDDP 25mg/m^2 followed by gemcitabine 1,000mg/m^2. Repeat every 3 weeks for 8 cycles for up to 24 weeks.
Unresectable or Metastatic Disease (in Phase 2 Trials)	
The following drugs are being evaluated[3]: »**Gemcitabine + oxaliplatin** »**Gemcitabine + capecitabine** »**Capecitabine + cisplatin** »**Capecitabine + oxaliplatin** »**5-fluorouracil** (5-FU) **+ oxaliplatin** »**5-FU + cisplatin** »**Gemcitabine monotherapy** »**Capecitabine monotherapy** »**5-FU monotherapy**	The collected Phase 2 experience and a comprehensive meta-analysis imply that gemcitabine and gemcitabine-based platinum regimens are slightly advantageous compared with the aforementioned fluoropyrimidine regimens.[4] Response rates and relatively long median overall survival rates with gemcitabine/capecitabine are on par with gemcitabine + cisplatin or gemcitabine + oxaliplatin.[5]

References

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3. Eckel F, Schmid RM. Chemotherapy in advanced biliary tract carcinoma: A pooled analysis of clinical trials. *Br J Cancer.* 2007;96:896–902.
4. Hezel AF, Zhu AX. Systemic therapy for biliary tract cancers. *Oncologist.* 2008;13:415–423.
5. Riechelmann RP, Townsley CA, Chin SN et al. Expanded phase II trial of gemcitabine and capecitabine for advanced biliary cancer. *Cancer.* 2007;110:1307–1312.

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