

# CARCINOMA OF THE GALLBLADDER AND INTRAHEPATIC CHOLANGiocARCINOMA CHEMOTHERAPY REGIMENS

The selection, dosing, and administration of anti-cancer 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 anti-cancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The chemotherapy regimens below 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.

## GENERAL TREATMENT NOTES

- Clinical trial participation is encouraged first and foremost<sup>1</sup>

REGIMEN	DOSING
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### PRIMARY TREATMENT OF ADVANCED DISEASE (IN PHASE 3 TRIALS)

Gemcitabine (Gemzar) + cisplatin (Platinol; CDDP) <sup>2</sup>	<b>Days 1 and 8:</b> CDDP 25mg/m <sup>2</sup> followed by gemcitabine 1,000mg/m <sup>2</sup> , repeat every 3 weeks for 8 cycles for up to 24 weeks
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### UNRESECTABLE OR METASTATIC DISEASE (IN PHASE 2 TRIALS)

<p>The following drugs are being evaluated<sup>3</sup>:</p> <ul style="list-style-type: none"> <li>• Gemcitabine + oxaliplatin</li> <li>• Gemcitabine + capecitabine</li> <li>• Capecitabine + cisplatin</li> <li>• Capecitabine + oxaliplatin</li> <li>• 5-fluorouracil (5-FU) + oxaliplatin</li> <li>• 5-FU + cisplatin</li> <li>• Gemcitabine monotherapy</li> <li>• Capecitabine monotherapy</li> <li>• 5-FU monotherapy</li> </ul>	<p>The collected Phase 2 experience and a comprehensive metaanalysis imply that gemcitabine and gemcitabine-based platinum regimens are slightly advantageous compared with the aforementioned fluoropyrimidine regimens<sup>4</sup></p> <p>Response rates and relatively long median overall survival rates with gemcitabine/capecitabine are on par with gemcitabine + cisplatin or gemcitabine + oxaliplatin<sup>5</sup></p>
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## REFERENCES

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| 3. Eckel F, Schmid RM. Chemotherapy in advanced biliary tract carcinoma: A pooled analysis of clinical trials. <i>Br J Cancer</i> . 2007;96:896-902.   |   |

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