

Palliative Adrenal Cancer Regimens

The following table lists the evidence-informed regimens (both IV and non-IV) for adrenal cancer used in the palliative setting. It is expected that the prescribing oncologist will select the regimen from the list of evidence-informed regimens that is most appropriate for their patient taking account of a variety of disease-specific and patient-related factors.

Regimens highlighted in red contain an expensive drug that is not currently publicly funded for the regimen and treatment intent.

Adrenal Cancer	
Regimen Code	Regimen Abstract
CISPDOXOETOP	CISplatin 40 mg/m ² IV days 3 and 4; DOXOrubicin 40 mg/m ² IV day 1; Etoposide 100 mg/m ² IV days 2, 3, and 4. Q28 days
CYCLDCRBVNCR	Cyclophosphamide 750 mg/m ² IV day 1; vinCRISine 1.4 mg/m ² IV day 1; Dacarbazine 600 mg/m ² IV days 1 and 2. Q21-28 days <i>Note: for pheochromocytoma</i>
DOXO	DOXOrubicin 50-75 mg/m ² IV day 1. Q21 days
CAPEGEMC	Capecitabine 1,500 mg PO days 1-21 – Not currently publicly funded for this regimen and intent; Gemcitabine 800 mg/m ² IV days 1, 8. Q21 days <i>Patients receiving this regimen are usually maintained on Mitotane</i>
CISPDOXOETOPMTTN	CISplatin 40 mg/m ² IV days 3 and 4; DOXOrubicin 40 mg/m ² IV day 1; Etoposide 100 mg/m ² IV days 2, 3, and 4; Mitotane 1-4 g PO daily (start 1 week before chemotherapy) – Not currently publicly funded for this regimen and intent Q28 days
MTTN	Mitotane 2-6 g PO daily – Not currently publicly funded for this regimen and intent