Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer
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**A - Regimen Name**

**CRBPPACL Regimen**
PACLitaxel-CARBOplatin

**Disease Site**
Lung - Non-Small Cell

**Intent**
Adjuvant

**Regimen Category**
Evidence-Informed:
Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

**B - Drug Regimen**

<table>
<thead>
<tr>
<th>Drug Regimen</th>
<th>Dose</th>
<th>Route</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACLItaxel</td>
<td>175-200 mg /m²</td>
<td>IV</td>
<td>Day 1</td>
</tr>
<tr>
<td>CARBOplatin</td>
<td>AUC 5 to 6</td>
<td>IV</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in "Other Notes" section.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 4 cycles (up to 6 for neoadjuvant) unless disease progression or unacceptable toxicity occurs

D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

**Other Supportive Care:**
- Paclitaxel: Patients should be pretreated with a corticosteroid as well as an antihistamine and a H2 blocker. For example:
  - DEXAMETHASONE 20mg PO 12 & 6 hours OR 20mg IV 30 minutes before paclitaxel
  - DIPHENHYDRAMINE 50mg IV 30 minutes before paclitaxel
  - RANITIDINE 50mg IV 30 minutes before paclitaxel

Also refer to [CCO Antiemetic Recommendations](#).

J - Administrative Information

- **Approximate Patient Visit**
  - 5-6 hours
- **Pharmacy Workload** (average time per visit)
  - 30.383 minutes
- **Nursing Workload** (average time per visit)
  - 59.833 minutes

K - References


Kris MG, Gaspar LE, Chaft JE, et al. Adjuvant Systemic Therapy and Adjuvant Radiation Therapy for Stage I to IIIA Completely Resected Non-Small-Cell Lung Cancers: American Society of Clinical...


PEBC Advice Documents or Guidelines

- [Adjuvant Systemic and Radiation Therapy for Stage I to IIIA Completely Resected Non–Small-Cell Lung Cancers: ASCO-CCO Clinical Practice Guideline Update](#)

May 2019 Updated emetic risk category and cycle frequency section; added PEBC guideline link

**Calvert Formula**

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

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Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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