**Updates from March 29, 2019**

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Multiple Myeloma - Palliative |
| BORTDEXADARAFunding Change | Updated funding status of bortezomib, daratumumab to reflect availability through the New Drug Funding Program (NDFP), effective March 15, 2019 | ✓ |
| DARADEXALENAFunding Change | Updated funding status of daratumumab to reflect availability through the New Drug Funding Program (NDFP), effective March 15, 2019 | ✓ |
| DARA(MNT)New Regimen | After 8 Cycles of BORTDEXADARA:Daratumumab 16 mg/kg IV day 1;Q28 days | ✓ |
| Leukemia – Chronic Lymphocytic (CLL) - Palliative |
| FC+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FC(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FCM+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. PDRP prior authorization required.  | ✓ |
| FLUD(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. PDRP prior authorization required. | ✓ |
| FLUD+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. PDRP prior authorization required. | ✓ |

**Updates from February 15, 2019**

**BREAST**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Adjuvant & Palliative |
| TRIPNew Regimen | Triptorelin 3.75 mg IM Day 1;Q 1 month | ✓ |
| LPRLAlternate Schedule Added | Leuprolide 7.5 mg IM Day 1;Q 1 monthORLeuprolide 22.5 mg IM Day 1;Q 3 Months | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Anus – Palliative |
| CISPDOCEFUNew Regimen | Docetaxel 40 mg/m2 IV Day 1;Cisplatin 40 mg/m2 IV Day 1;Fluorouracil 2400 mg/m2 IV continuous infusion over Days 1 and 2 (single dose);Q14 DaysNote: For squamous cell carcinoma | ✓ |
| Hepatobilary/Live/Bile Duct – Palliative |
| MFOLFOX6New Regimen | Oxaliplatin 85 mg/m2 IV Day 1;Leucovorin 400 mg/m2 IV Day 1;Fluorouracil 400 mg/m2 IV bolus Day 1; Fluorouracil 2400 mg/m2 CIV over 46 hours (single dose)Q14 Days | ✓ |
| Colorectal – Palliative |
| NIVL+IPILNew Regimen | Nivolumab 3mg/kg IV Day1- Not currently publicly funded for this regimen and intent; Ipilimumab 1mg/kg IV Day 1 - Not currently publicly funded for this regimen and intent;q21d for 4 cyclesNote: For MSI high (Deficient MMR) Colorectal Cancer | ✓ |
| NIVL(MNT)New Regimen | Following NIVL+IPIL:Nivolumab 3mg/kg IV Day1- Not currently publicly funded for this regimen and intent;Q14 daysNote: For MSI high (Deficient MMR) Colorectal Cancer | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma - Adjuvant |
| DABRTRAMNew Regimen | Dabrafenib 150 mg PO BID – not currently publicly funded for this regimen and intent;Trametinib 2 mg PO daily - not currently publicly funded for this regimen and intent;Continuous for 12 months | ✓ |

**Updates from January 25, 2019**

**GASTROINTENSTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Pancreas – Adjuvant |
| MFOLFIRINOXNew Regimen | Oxaliplatin 85 mg/m2 IV Day 1;Leucovorin 400 mg/m2 IV day 1;Irinotecan 150 mg/m2 IV day 1;THENFluorouracil 2400 mg/m2 CIV over 46 hours, starting on day 1.Q14 days  | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Lymphoma – Non-Hodgkin’s Intermediated Grade - Curative |
| MATRIXFunding Change | Updated funding status of rituximab to reflect availability through the New Drug Funding Program (NDFP) | ✓ |
| T-Cell Lymphoma – Palliative |
| PRALFunding Change | Updated funding status of pralatrexed to reflect availability through a universal compassionate access program | ✓ |

**Updates from December 14, 2018**

**The following funding changes and new regimens will be added to ST-QBP for the duration of the etoposide shortage.**

**GASTROINTENSTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Neuroendocrine – Palliative |
| FOLFIRINew Regimen | Irinotecan 180 mg/m2 IV day 1;Leucovorin 400 mg/m2 IV day 1;Fluorouracil 400 mg/m2 IV day 1;THENFluorouracil 2400 mg/m2 CIV over 46 hours, starting on day 1.Q14 days | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Small Cell – Adjuvant/Curative |
| CISPPEME(RT)Funding Change | Updated funding status to reflect pemetrexed to reflect availability through Systemic Treatment – Quality Based Procedure (ST-QBP) | ✓ |
| CRBPPEME(RT)New Regimen | CARBOplatin AUC 5 IV day 1;Pemetrexed 500 mg/m2 IV day 1.Q21 daysConcurrent with radiotherapy | ✓ |
| PEMENew Regimen | After 3 cycles of CISPPEME(RT) or CRBPPEME(RT):Pemetrexed 500 mg/m2 IV day 1.Q21 days | ✓ |

**The following two regimens have been added for the treatment of small cell cancers in the following disease sites:**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Breast (Adjuvant/Curative & Palliative), Central Nervous System (Palliative), Gastrointestinal – Colorectal, Esophagus, Gastric/Stomach, Hepatobilary/Liver/Bile Duct, Pancreas (Adjuvant/Curative & Palliative), Genitourinary – Bladder/Urothelial, Prostate (Adjuvant/Curative & Palliative), Gynecological – Cervix, Endometrium (Adjuvant/Curative & Palliative), Head and Neck (Adjuvant/Curative & Palliative), Lung\* (Adjuvant/Curative) |
| CISPIRINNew Regimen | CISplatin 30 mg/m2 IV days 1, 8;Irinotecan 65 mg/m2 IV days 1, 8.Q21 daysAlternative Schedule:CISplatin 80 mg/m2 IV day 1;Irinotecan 65 mg/m2 IV days 1, 8.Q21 daysAlternative Schedule:CISplatin 60 mg/m2 IV day 1;Irinotecan 60 mg/m2 IV days 1, 8, 15.Q28 days | ✓ |
| CRBPIRINNew Regimen | CARBOplatin AUC 5 IV Day 1;Irinotecan 50-65 mg/m2 IV Days 1 and 8;Q21 daysAlternative schedule 1:CARBOplatin AUC 5 IV Day 1;Irinotecan 50-60 mg/m2 IV Days 1, 8, and 15;Q28 daysAlternative schedule 2: CARBOplatin AUC 5 IV Day 1;Irinotecan 150 mg/m2 IV Day 1;Q21 days | ✓ |

**\***These regimens are already listed and funded for Small Cell Lung Cancer (Palliative)

**Updates from November 23, 2018**

**BREAST**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| CRBPGEMCChange of Regimen Code | The regimen code for CRBPGEMC will be changed to CRBPGEMC(W) to align with the dosing and schedule of other disease sites.  | ✓ |
| LETRRIBONew Regimen | Letrozole 2.5 mg PO days 1-28;Ribociclib 600 mg PO Days 1-21 - not currently publicly funded for this regimen and intent; Q28 daysNote: Must be given together with GnRH agonist if patient is premenopausal | ✓ |
| ANASRIBONew Regimen | Anastrozole 1 mg PO days 1-28;Ribociclib 600 mg PO Days 1-21 - not currently publicly funded for this regimen and intent; Q28 daysNote: Must be given together with GnRH agonist if patient is premenopausal | ✓ |
| EXEMRIBONew Regimen | Exemestane 25 mg PO days 1-28;Ribociclib 600 mg PO Days 1-21 - not currently publicly funded for this regimen and intent; Q28 daysNote: Must be given together with GnRH agonist if premenopausal | ✓ |
| TMXFRIBONew Regimen | Tamoxifen 20 mg PO days 1-28;Ribociclib 600 mg PO Days 1-21 - not currently publicly funded for this regimen and intent; Q28 daysNote: For premenopausal patients; must be given together with GnRH agonist | ✓ |
| ANASPALBNew Regimen | Anastrozole 1 mg PO days 1-28;Palbociclib 125 mg PO days 1-21; Q28 days | ✓ |
| EXEMPALBNew Regimen | Exemestane 25 mg PO days 1-28;Palbociclib 125 mg PO days 1-21; Q28 days | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Prostate – Palliative |
| APALNew Regimen | Apalutamide 240 mg PO daily - not currently publicly funded for this regimen and intent.Note: For use with GnRH agonist (unless bilateral orchiectomy) | ✓ |

**HAEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Follicular Lymphoma - Palliative |
| BEND+OBINFunding Status | Updated funding status of bendamustine and obinutuzumab to reflect availability through the New Drug Funding Program (NDFP). | ✓ |
| CHLO+OBINFunding Status | Updated funding status of obinutuzumab to reflect availability through the New Drug Funding Program (NDFP).  | ✓ |
| OBIN(MNT)Funding Status | Updated funding status of obinutuzumab to reflect availability through the New Drug Funding Program (NDFP). | ✓ |
| CHOP+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8, 15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Prednisone 100 mg PO Days 1,2,3,4,5;Vincristine 1.4 mg/m2 IV Day 1;Doxorubicin 50 mg/m2 IV Day 1;Cyclophosphamide 750 mg/m2 IV Day 1Q21 Days | ✓ |
| CVP+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Prednisone 100 mg PO Days 1,2,3,4,5;Vincristine 1.4 mg/m2 IV Day 1Cyclophosphamide 750 mg/m2 IV Day 1Q21 Days | ✓ |
| CVP(PO)+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Prednisone 100 mg PO Days 1,2,3,4,5;Vincristine 1.4 mg/m2 IV Day 1;Cyclophosphamide 400 mg PO Days 1,2,3,4,5Q21 Days | ✓ |
| FC+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Fludarabine 25 mg/m2 IV Days 1,2,3Cyclophosphamide 250 mg/m2 IV Days 1,2,3Q28 Days | ✓ |
| FC(PO)+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Mitoxantrone 6 mg/m2 IV Day 1Fludarabine 25 mg/m2 PO Days 1,2,3,4,5 - not currently publically funded for this regimen and intent;Cyclophosphamide 150 mg/m2 PO Days 1,2,3,4,5Q28 Days | ✓ |
| FLUD+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6);Fludarabine 25 mg/m2 IV Days 1,2,3,4,5Q28 days | ✓ |
| FLUD(PO)+OBINNew Regimen | Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only)THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6)Fludarabine 40 mg/m2 PO Days 1,2,3,4,5 - not currently publically funded for this regimen and intentQ28 Days | ✓ |
| Multiple Myeloma – Palliative |
| DENONew Regimen | Denosumab 120 mg SC day 1 – not currently publicly funded for this regimen and intent;Q28 days | ✓ |
| ALL – Palliative |
| INOTNew Regimen | Cycle 1:Inotuzumab ozogamicin 0.8 mg/m2 IV Day 1Inotuzumab ozogamicin 0.5 mg/m2 IV days 8 and 15– not currently publicly funded for this regimen and intent;Q 21daysThenCycle 2+:For patients who achieve a CR or CRi:Inotuzumab ozogamicin 0.5 mg/m2 IV days1, 8 and 15– not currently publicly funded for this regimen and intent;ORFor patients who do not achieve a CR or CRi:Inotuzumab ozogamicin 0.8 mg/m2 IV Day 1Inotuzumab ozogamicin 0.5 mg/m2 IV days 8 and 15– not currently publicly funded for this regimen and intent;Q28 daysCR=complete remission; CRi= complete remission with incomplete hematologic recovery" | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Mesothelioma - Palliative |
| BEVA(MNT)New Regimen | Bevacizumab 15 mg/kg IV Day 1 - not currently funded for this regimen and intentQ21 days | ✓ |
| Small Cell – Palliative |
| CRBPIRINNew Regimen | CARBOplatin AUC 5 IV Day 1;Irinotecan 50-65 mg/m2 IV Days 1 and 8;Q21 daysAlternative schedule 1:CARBOplatin AUC 5 IV Day 1;Irinotecan 50-60 mg/m2 IV Days 1, 8, and 15;Q28 daysAlternative schedule 2: CARBOplatin AUC 5 IV Day 1;Irinotecan 150 mg/m2 IV Day 1;Q21 days | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma - Palliative |
| NIVL(MNT)New Regimen | After 4 cycles of NIVL+IPIL, give nivolumab as maintenance treatment:Nivolumab 3mg/kg up to 240 mg Day 1 – universal compassionate program available;Q14 DaysORNivolumab 6mg/kg up to 480 mg Day 1 – universal compassionate program available;Q28 Days | ✓ |

**Updates from October 5, 2018**

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Bladder/Urothelial – Palliative |
| CISPGEMC(Q2W)New Regimen | CISplatin 35 mg/m2 IV Days 1 and 15;Gemcitabine 2500 mg/m2 IV Days 1 and 15;Q28 days*Note: For use in patients with impaired renal function.* | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Mesothelioma - Palliative |
| VINO(W)New Regimen | Vinorelbine 30 mg/m2 (maximum: 60 mg) IV days 1, 8, 15, 22, 29, 36.Q42 days*Note: The Lung Disease Site Drug Advisory Committee notes that single-agent vinorelbine appeared to have a slightly longer survival than Best Supportive Care alone in an underpowered randomized trial and subsequent phase II studies have shown response.* | ✓ |

**Updates from September 14, 2018**

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Renal Cell/Kidney – Palliative |
| NIVL(MNT)New Regimen and Alternative Schedule | After 4 cycles of NIVL+IPIL as maintenance treatment:Nivolumab 3mg/kg up to 240 mg Day 1 - not currently publicly funded for this regimen and intent.Q14 DaysORNivolumab 6mg/kg up to 480 mg Day 1 - not currently publicly funded for this regimen and intent.Q28 Days | ✓ |
| NIVL(added max dose and extended interval) | Nivolumab 3mg/kg IV up to 240 mg Day 1;Q14 DaysORNivolumab 6mg/kg IV up to 480 mg Day 1;Q28 Days | ✓ |

**HEAD AND NECK**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| NIVL(added max dose and extended interval) | Nivolumab 3mg/kg IV up to 240 mg Day 1;Q14 DaysORNivolumab 6mg/kg IV up to 480 mg Day 1;Q28 Days | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Small Cell - Palliative |
| NIVL(added max dose and extended interval) | Nivolumab 3mg/kg IV up to 240 mg Day 1;Q14 DaysORNivolumab 6mg/kg IV up to 480 mg Day 1;Q28 Days | ✓ |
| CISPPEME+PEMBFunding Status | CISplatin 75 mg/m2 IV day 1;Pemetrexed 500 mg/m² IV day 1 – not currently publically funded for this regimen and intent;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 daysNote: For first-line use in patients with no EGFR or ALK mutation | ✓ |
| CRBPPEME+PEMBFunding Status | CARBOplatin AUC 5 IV day 1;Pemetrexed 500 mg/m² IV day 1 – not currently publically funded for this regimen and intent;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 daysNote: For first-line use in patients with no EGFR or ALK mutation | ✓ |
| PEME+PEMB(MNT)Funding Status | After 4 cycles of CRBPPEME+PEMB or CISPPEME+PEMB as maintenance treatment:Pemetrexed 500 mg/m² IV day 1 – not currently publically funded for this regimen and intent;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 days (for up to 31 cycles)Note: For first-line use in patients with no EGFR or ALK mutation | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma - Palliative |
| NIVL(added max dose and extended interval) | Nivolumab 3mg/kg IV up to 240 mg Day 1;Q14 DaysORNivolumab 6mg/kg IV up to 480 mg Day 1;Q28 Days | ✓ |

**Updates from August 10, 2018**

**ENDOCRINE**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Thyroid – Palliative |
| CRBPPACLNew Regimen | PACLitaxel 175 mg/m² IV day 1;CARBOplatin AUC 4-6 IV day 1.Q21 daysNote: For use in Anaplastic thyroid cancer | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Renal Cell/Kidney – Palliative |
| NIVL+IPILFunding Status | Nivolumab 3mg/kg IV Day 1- Universal Compassionate access program available; Ipilimumab 1mg/kg IV Day 1- Universal Compassionate access program available;Q21 Days X 4 | ✓ |

**GYNACOLOGICAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Ovary – Curative |
| CRBPPACL+BEVANew Regimen | CARBOplatin AUC 4-6 IV day 1; PACLitaxel 175 mg/m² IV day 1;Starting in cycle 2: Bevacizumab 7.5 mg/kg IV day 1. Q21 days | ✓ |
| Ovary – Palliative |
| MFOLFOX6New Regimen | Oxaliplatin 85 mg/m² IV day 1; Leucovorin 400 mg/m² IV day 1; Fluorouracil 400 mg/m² IV day 1; THENFluorouracil 2400 mg/m² CIV over 46 hours day 1.Q14 daysNote: For mucinous ovarian cancer | ✓ |
| Uterine Sarcoma – Palliative |
| DOXO(W)New Regimen | DOXOrubicin 10 to 20 mg/m2 IV Days 1, 8, 15;Q28 Days | ✓ |
| DOXONew Regimen | DOXOrubicin 50 to 75 mg/m2 IV Day 1;Q21 days | ✓ |
| DOXO+OLAR; OLAR(MNT) | DOXOrubicin 75mg/m2 IV d1 Olaratumab 15mg/kg IV d1, 8 – Universal Compassionate access program availableQ21 Days (for up to 8 cycles);ThenOlaratumab 15mg/kg IV d1, 8 – Universal Compassionate access program availableQ21 DaysNote: For leiomyosarcoma | ✓ |
| Endometrial – Palliative |
| MEGETMXFNew Regimen | Megestrol 80 mg PO BID days 1 to 21;THENTamoxifen 20mg PO BID days 22 to 42Q42 days(3 weeks of MEGE, alternating with 3 weeks of TMXF) | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Lymphoma – Non-Hodgkin’s Low Grade - Palliative |
| RITU(MNT-SC)New Regimen | Rituximab – 1400 mg SC Day 1 Q 3 monthsNote: Maintenance rituximab should be started within 8 weeks of completion of the induction regimen | ✓ |
| Lymphoma – T-Cell – Palliative |
| PRALNew Regimen | Pralatrexate 30 mg/m2 IV on Days 1, 8, 15, 22, 29, 36 – not currently publicly funded for this regimen and intent;Q49 Days(once weekly for 6 out of 7 weeks) | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Small Cell – Palliative |
| ATEZNew Regimen | Atezolizumab 1200 mg IV Day 1 – universal compassionate program available;Q21 Days | ✓ |
| Non-Small Cell – Curative |
| DURVNew Regimen | Durvalumab 10 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.Q14 days | ✓ |

The following regimens will have rituximab SC 1400 mg added as an alternative option to rituximab IV 375 mg/m2 for cycle 2 onwards. Please note: rituximab SC can only be given if the patient has previously received at least one full rituximab IV dose.

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Lymphoma – Non-Hodgkin’s Low Grade – Palliative |
| BAC+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| BEND+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHLO+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHOP+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHOP+R-DHAP+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CVP(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CVP+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CYCLDEXA+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FC(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FC+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FCM(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FCM+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FLUD(PO)+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| FLUD+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| HYPERCVAD+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| Lymphoma – Non-Hodgkin’s High Grade – Curative/Palliative |
| CEOP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CEPIOP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CEPP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHOP+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| GCVP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| Lymphoma – Non-Hodgkin’s High Grade - Curative |
| CHOEP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHOP+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CHOP14+RDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| CODOXM+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| EPOCH+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| HYPERCVAD+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP. | ✓ |
| GDP+RITUDosing, Schedule, Funding Status | Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m2 for cycle 2 onwards. Please note: rituximab is not funded by NDFP when used in combination with GDP | ✓ |

The following are regimens which have been de-listed as evidence-informed for the indicated sub-disease(s) and are no longer eligible for funding through the Systemic Treatment QBP.

**GYNECOLOGICAL**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Sarcoma - Palliative |
| CISPGEMC | CISplatin 35-40 mg/m² IV day 1, 8; Gemcitabine 750-850 mg/m² IV days 1, 8.Q21 days | ✓ |
| VAC | vinCRIStine 1.5 mg/m² IV (max 2 mg) day 1; DOXOrubicin 75 mg/m² IV day 1; Cyclophosphamide 1200 mg/m² IV day 1.Q21 days | ✓ |
| Sarcoma – Adjuvant/Palliative |
| CRBPPACL | CARBOplatin AUC 4-6 IV day 1; PACLitaxel 175 mg/m² IV day 1.Q21 days | ✓ |
| CRBPDOCE | CARBOplatin AUC 4-6 IV day 1; DOCEtaxel 75 mg/m² IV day 1 Q21 days | ✓ |

**Updates from June 29, 2018**

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Renal Cell – Palliative |
| CABONew Regimen | Cabozantinib 60 mg PO daily– not currently publicly funded for this regimen and intent. | ✓ |
| NIVL+IPILNew Regimen | Nivolumab 3mg/kg IV Day 1- not currently publicly funded for this regimen and intent;Ipilimumab 1mg/kg IV Day 1- not currently publicly funded for this regimen and intent;Q21 Days X 4then Nivolumab 3mg/kg IV Day 1 - not currently publicly funded for this regimen and intent.Q14 Days | ✓ |
| Bladder/Urothelial – Adjuvant/Curative |
| GEMC(RT)New Regimen | Concurrent with Radiation:Gemcitabine 100 mg/m2 IV Days 1, 8, 15, and 22;Q28 Days | ✓ |
| Bladder/Urothelial - Palliative |
| MFOLFOX6New Regimen | Oxaliplatin 85 mg/m² IV day 1 Leucovorin 400 mg/m² IV day 1;Fluorouracil 400 mg/m² IV day 1;THEN Fluorouracil 2400 mg/m² CIV over 46 hours day 1.Q14-21 daysNote: For use in Urachal cancer | ✓ |

**Updates from May 25, 2018**

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Lymphoma – T-Cell – Adjuvant/Curative |
| DDGPNew Regimen | Pegylated asparaginase (pegaspargase) 2500 units/m2 IM/IV day 1 – not currently publicly funded for this regimen and intent;Gemcitabine 800 mg/m2 IV days 1 and 8;CISplatin 20 mg/m2 IV days 1-4;Dexamethasone 15 mg/m2 IV/PO days 1-5.Q21 daysNote: for NK/T-Cell Lymphoma | ✓ |
| CHOPNew Regimen | prednisone 100 mg PO daily Days 1 to 5DOXOrubicin 50 mg /m² IV Day 1vinCRIStine 1.4 mg /m² IV (maximum 2 mg) Day 1cyclophosphamide 750 mg /m² IV Day 1Q21 days | ✓ |
| CHOEPNew Regimen | prednisone 100 mg PO daily Days 1 to 5DOXOrubicin 50 mg /m² IV Day 1vinCRIStine 1.4 mg /m² IV (maximum 2 mg) Day 1cyclophosphamide 750 mg /m² IV Day 1etoposide 100 mg /m² IV Day 1THEN,etoposide 200 mg /m² PO Days 2 to 3Q21days | ✓ |
| Lymphoma – Non Hodgkin’s High Grade – Adjuvant/Curative |
| GCVP+RITUNew Regimen | Rituximab 375 mg/m2 Day 1;Gemcitabine 750 – 1000 mg/m2 Days 1 and 8;Cyclophosphamide 750 mg/m2 Day 1VinCRIStine 1.4 mg/m2 Day 1 (max 2 mg)Prednisone 100 mg PO Days 1-5Q 21 daysNote: For use in DLBCL when anthracycline is contraindicated. | ✓ |
| Lymphoma – Non Hodgkin’s High Grade – Palliative |
| GCVP+RITUNew Regimen | Rituximab 375 mg/m2 Day 1 – not currently publicly funded for this regimen and intent;Gemcitabine 750 – 1000 mg/m2 Days 1 and 8;Cyclophosphamide 750 mg/m2 Day 1VinCRIStine 1.4 mg/m2 Day 1 (max 2 mg)Prednisone 100 mg PO Days 1-5Q 21 daysNote: For use in DLBCL when anthracycline is contraindicated. | ✓ |
| Multiple Myeloma – Palliative |
| CARFDEXAFunding Status | Updated funding status of carfilzomib to reflect public availability through the New Drug Funding Program (NDFP), effective May 1, 2018. | ✓ |
| CARFDEXALENAFunding Status | Updated funding status of carfilzomib to reflect public availability through the New Drug Funding Program (NDFP) and lenalidomide to reflect public funding via ODB- EAP Program, effective May 1, 2018. | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Mesothelioma – Palliative |
| CRBPPEME+BEVANew Regimen | CARBOplatin AUC 5 IV Day 1;Pemetrexed 500 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent;Bevacizumab 15 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.Q21 days  | ✓ |
| Non-Small Cell – Adjuvant/Curative |
| CISPPEME(RT)New Regimen | CISplatin 75 mg/m² IV day 1; Pemetrexed 500 mg/m² IV day 1 – Not currently publicly funded for this regimen and intentQ21 daysConcurrent with radiotherapy | ✓ |
| Non-Small Cell - Palliative |
| CISPPEME+PEMBNew Regimen | CISplatin 75 mg/m2 IV day 1;Pemetrexed 500 mg/m² IV day 1;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 daysNote: For first-line use in patients with no EGFR or ALK mutation | ✓ |
| CRBPPEME+PEMBNew Regimen | CARBOplatin AUC 5 IV day 1;Pemetrexed 500 mg/m² IV day 1;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 daysNote: For first-line use in patients with no EGFR or ALK mutation | ✓ |
| PEME+PEMB(MNT)New Regimen | After 4 cycles of CRBPPEME+PEMB or CISPPEME+PEMB as maintenance treatment:Pemetrexed 500 mg/m² IV day 1;Pembrolizumab 200mg IV day 1 - not currently publicly funded for this regimen and intent. Q21 days (for up to 31 cycles)Note: For first-line use in patients with no EGFR or ALK mutation | ✓ |

The following are regimens which have been de-listed as evidence-informed for the indicated sub-disease(s) and are no longer eligible for funding through the Systemic Treatment QBP.

**BREAST**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Adjuvant/Curative & Palliative |
| CISPETOP(5D) | CISplatin 20 mg/m² IV days 1-5; Etoposide 100 mg/m² IV days 1-5.Q21 days | ✓ |
| CRBPETOP(5D) | CARBOplatin AUC 5 IV days 1; Etoposide 100 mg/m² IV days 1-5.Q21 days | ✓ |

**CENTRAL NERVOUS SYSTEM**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Palliative |
| CYCL | Cyclophosphamide 750 mg/m2 IV Q4 weeks x 7 cyclesTHENCyclophosphamide 750 mg/m2Q12 weeks x 4 additional cycles | ✓ |

**GASTROINTESTINAL**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Neuroendocrine – Palliative |
| VAND | Vandetanib 300 mg PO daily | ✓ |
| MTTN  | Mitotane 2-6 g PO daily | ✓ |
| CRBPDOXO | CARBOplatin AUC 4-6 IV day 1; DOXOrubicin 30-50 mg/m² IV day 1.Q28 days | ✓ |
| Hepatobilary/Liver/Bile Duct – Adjuvant/Curative |
| CAPECISP | Hepatobilary:Capecitabine 1,000 - 1,250 mg/m2 PO BID days 1-14 - Cisplatin 60mg/m2 IV day 1. Q21 days | ✓ |
| Esophagus, Gastric/Stomach – Palliative |
| FLOX | Fluorouracil 500 mg/m2 IV days 1, 8, 15, 22, 29, 36;Leucovorin 500 mg/m2 IV days 1, 8, 15, 22, 29, 36; Oxaliplatin 85 mg/m2 IV days 1, 15, 29.Q56 days | ✓ |

**GENITOURINARY**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Renal Cell - Palliative |
| IFNA+BEVA | Interferon alfa-2a 3 - 9 MIU SC 3 times per week - Not publicly funded for this regimen and intentBevacizumab 10 mg/kg IV day 1 - Not publicly funded for this regimen and intentQ14 days | ✓ |
| Urothelial/Bladder – Adjuvant/Curative/Neoadjuvant & Palliative |
| CMV | CISplatin 70-100 mg/m² IV day 2; Methotrexate 30 mg/m² IV days 1, 8; vinBLAStine 4 mg/m² IV days 1, 8.Q21 days | ✓ |
| MVAC | Methotrexate 30 mg/m² IV days 1, 15, 22; vinBLAStine 3 mg/m² IV days 2, 15, 22;DOXOrubicin 30 mg/m² IV day 2; CISplatin 70 mg/m² IV day 2.Q28 days | ✓ |
| Urothelial/Bladder – Adjuvant/Curative/Neoadjuvant |
| CISP | CISplatin 50-100 mg/m² IV day 1.Q21 days | ✓ |
| CRBP | Bladder/Urothelial:CARBOplatin AUC 5-6 IV day 1.Q21 days | ✓ |

**GYNECOLOGICAL**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Sarcoma - Palliative |
| CISPGEMC | CISplatin 35-40 mg/m² IV day 1, 8; Gemcitabine 750-850 mg/m² IV days 1, 8.Q21 days | ✓ |

**HEMATOLOGY**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Leukemia – Acute Myeloid (AML) - Palliative |
| DAUN | Daunorubicin 45-60mg/m2 days 1-3. Q28 days | ✓ |
| DAUNVNCR | Daunorubicin 45-60mg/m2 days 1-3. vinCRIStine 1.4mg/m2 day 1. Q28 days | ✓ |
| IDAR | Idarubicin 10-12mg/m2 days 1-3. Q28 days | ✓ |
| Lymphoma – Non-Hodgkin’s Low Grade – Palliative |
| CYCL+RITU | Cyclophosphamide 750 mg/m² IV day 1; riTUXimab 375 mg/m² IV day 1.Q21 days | ✓ |
| Lymphoma – Non-Hodgkin’s High Grade & Non-Hodgkin’s Intermediate Grade – Adjuvant/Curative |
| BEACOPP | Etoposide 200 mg/m² IV days 1-3; DOXOrubicin 35 mg/m² IV day 1;Cyclophosphamide 1250 mg/m² IV day 1; Procarbazine 100 mg/m² PO days 1-7;Prednisone 40 mg/m² PO days 1-14; Bleomycin 10 mg/m² IV day 8; vinCRIStine 1.4 mg/m² IV day 8.Q21 days | ✓ |
| Leukemia – Acute Lymphoblastic (ALL) - Palliative |
| CYTA | Cytarabine 100 mg/m2/day CIV days 1-10. Q14 -28 daysAlternate scheduleCytarabine 200 mg/m2/day CIV days 1-5. Q14 days LCH:Cytarabine 100 mg/m2 IV days 1 to 5.Q28 days | ✓ |

**LUNG**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Adjuvant/Curative & Palliative |
| CAP | Cyclophosphamide 500 mg/m² IV day 1; DOXOrubicin 50 mg/m² IV day 1; CISplatin 50 mg/m² IV day 1.Q21 days | ✓ |
| CISPVINO(MOD) | CISplatin 100 mg/m2 IV day 1; Vinorelbine 30 mg/m2 IV day 1, 8, 15, 22.Q28 days | ✓ |

**SARCOMA**

| Delisted Regimen  | Description | Removed from DF |
| --- | --- | --- |
| Ewing’s - Palliative |
| PACL | PACLitaxel 175 mg/m² IV day 1. Q21 days | ✓ |
| Soft Tissue/Ewing’s – Adjuvant/Curative |
| CYCLTOPO | Cyclophosphamide 250 mg/m² IV days 1-5; Topotecan 0.75 mg/m² IV days 1 - 5. Q21 days | ✓ |

**Updates from April 6, 2018**

**BREAST**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| LETRPALBFunding Status | Updated funding status of palbocicib to reflect availability through the Ontario Drug Benefit (ODB) Program via the Exceptional Access Program (EAP), effective February 20th, 2018.  | ✓ |
| Adjuvant/Curative |
| CAPEFunding Status | Updated funding status for capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |

**ENDOCRINE**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Adrenal – Palliative |
| CAPEGEMCFunding Status | Update funding status for capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Anus – Adjuvant/Curative |
| FUMTMC(RT)Dose | Updated dose of fluorouracil to remove the maximum dose of 1500 mg/day. | ✓ |
| CAPEMTMC(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Anus – Palliative |
| CAPECISPFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Gastric/Stomach, Esophagus – Palliative |
| EOFFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| EOXFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECRBP+TRASFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018.  | ✓ |
| CAPECRBPFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Gastric/Stomach, Esophagus – Adjuvant/Curative |
| FLODOCEFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| XELOXFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPE(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECISP(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| ECARBOXFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| ECXFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Esophagus – Adjuvant/Curative & Palliative |
| MFOLFOX6(RT)Funding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| Gastric/Stomach, Esophagus – Adjuvant/Curative & Palliative |
| MFOLFOX6Funding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| CAPECISPFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Colorectal – Palliative |
| FOLFOXIRIFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| FOLFOXIRI+BEVAFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| IROXFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| Hepatobilary/Liver/Bile Duct – Adjuvant/Curative |
| CAPE(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Hepatobilary/Liver/Bile Duct – Palliative |
| CAPECISPFunding Status | Updated funding status of capecitabine to reflect public funding availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPEGEMCFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Pancreas – Adjuvant & Palliative |
| CAPEGEMCFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Pancreas – Palliative |
| CAPE(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPEFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018.  | ✓ |
| Small Bowel and Appendix – Neoadjuvant |
| CAPE(RT)Funding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| Neuroendocrine - Palliative |
| CAPETMZLFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program, as a General Benefit, effective March 29th, 2018. | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Testis - Palliative |
| GEMOXFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. | ✓ |
| Renal Cell/Kidney – Palliative |
| CAPEGEMCFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |

**GYNECOLOGICAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Endometrial – Adjuvant/Curative & Palliative |
| CISPDOXODose | Updated CISplatin maximum dose to 50 mg/m2 IV Day 1. Updated dose of DOXOrubicin to 50-60 mg/m2 IV Day 1. | ✓ |
| CRBPDOXODose, Schedule | Updated dose of DOXOrubicin to 50-60 mg/m2 IV Day 1 (maximum 7 cycles of DOXOrubicin).  | ✓ |
| Ovarian – Palliative |
| CRBPGEMCDose | Updated dose of CARBOplatin to AUC 4.  | ✓ |
| Ovarian – Adjuvant & Palliative |
| CRBPPACL(W)Dose | Updated dose of CARBOplatin in both intentsAdjuvant: CARBOplatin AUC 5-6 IV Day 1;PACLitaxel 80 mg/m2 IV Days 1, 8, 15Q21 DaysPalliaitive:CARBOplatin AUC 4-6 IV Day 1;PACLitaxel 80 mg/m2 IV Days 1, 8, 15Q21 Days | ✓ |
| Germ Cell – Palliative |
| VIPDisease Site | Removed from sub-disease site Ovarian (Palliative). Now considered evidence-informed for Germ Cell (Palliative) | ✓ |

**HEAD AND NECK**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| CAPEFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECISP+CETUFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECISPFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECRBP+CETUFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPECRBPFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) program as a General Benefit, effective March 29th, 2018. | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Multiple Myeloma - Palliative |
| CYCLDEXALENAFunding Status | Please note: funding status was previously unclear on the DF website regarding lenalidomide. Lenalidomide is not currently publically funded for this regimen and intent.  | ✓ |
| CYCLDEXAPOMAFunding Status | Please note: funding status was previously unclear on the DF website regarding pomalidomide. Pomalidomide is not currently publically funded for this regimen and intent.  | ✓ |

**UNKNOWN PRIMARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| XELOXFunding Status | Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018. Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| CAPEFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. | ✓ |
| ECXFunding Status | Updated funding status of capecitabine to reflect public availability through the Ontario Drug Benefit (ODB) Program as a General Benefit, effective March 29th, 2018. |  |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma – Palliative |
| TALINew Regimen | Talimogene laherparepvec up to 4 X 108 pfu via intralesional injection – Not currently funded for this regimen and intent; Q 14-21 daysNote: the amount injected depends on the number and size of lesions. Doses should not exceed 4 X 108 pfu. | ✓ |

**Updates from March 9, 2018**

**GASTROINTESTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Esophagus – Adjuvant/Curative & Palliative |
| MFOLFOX6(RT)New Regimen | Oxaliplatin 85 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent;Leucovorin 200\* mg/m2 IV day 1;Fluorouracil 400 mg/m2 IV day 1;THENFluorouracil 1600 mg/m2 CIV over 46 hrs day 1.Q14 daysNotes: The doses of leucovorin and infusional fluorouracil used as part of this regimen differ from those in the conventional modified FOLFOX-6 regimen; the racemic mixture of leucovorin was used in the PRODIGE5/ACCORD17 trial by Conroy T et al | ✓ |
| Gastric/Stomach; Esophagus – Palliative |
| NIVLNew Regimen | Nivolumab 3 mg/kg day 1 - not currently publicly funded for this regimen and intentQ14 days | ✓ |
| Colorectal – Palliative |
| TRIFTIPINew Regimen | Trifluridine/tipiracil 35 mg/m2 (up to a maximum of 80 mg per dose) (based on the trifluridine component) PO BID days 1 to 5 and days 8 to 12 – not currently publicly funded for this regimen and intent.Q28 days | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Prostate – Palliative |
| ABIRDEXANew Regimen | Abiraterone 1000 mg PO daily;Dexamethasone 0.5 mg PO daily | ✓ |
| Prostate – Adjuvant/Curative |
| DGRLNew Regimen | Degarelix 240 mg SC x Q 1 month X1thenDegarelix 80 mg SC Q1 month | ✓ |
| Bladder/Urothelial – Palliative |
| PEMB(FIXED)Funding Status | Updated funding status of pembrolizumab to reflect availability through the Universal Compassionate Program | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| DANAFARBER (INT-PEG)New Regimen | DOXOrubicin 30 mg/m2 IV day 1 (cycles 1-7 only);vinCRIStine 2 mg IV day 1;Dexamethasone 9 mg/m2/dose PO bid days 1-5;Mercaptopurine 50 mg/m2/day PO days 1-14;Pegylated asparaginase (pegaspargase) 2000 units/m2 (maximum dose: 3750 units) IV/IM day 1 – not publicly funded. Universal compassionate access program available;Methotrexate 30 mg/m2 IV/IM days 1, 8, 15 (cycles 8-10 only)Methotrexate 12 mg IT + Cytarabine 40 mg IT + Hydrocortisone 15 mg\* IT day 1 (cycle 6 only)Q21 daysNote: \*An alternative hydrocortisone dose of 50 mg IT may be used, based on local protocol | ✓ |
| Non-Hodgkin Lymphoma – Adjuvant/Curative |
| LENA(MNT) | Lenalidomide 25 mg PO daily for 21 days – not currently publicly funded for this regimen and intentQ28 daysNote: As maintenance for patients 60-80 years old, who achieved CR or PR after first-line R-CHOP | ✓ |
| Hodgkin Lymphoma – Palliative |
| PEMB(FIXED)Funding Status | Updated funding status of pembrolizumab to reflect availability through the Universal Compassionate Program | ✓ |

**HEAD AND NECK**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Palliative |
| NIVLFunding Status | Updated funding status to reflect public funding availability of nivolumab via the New Drug Funding Program (NDFP). Note: Funded by NDFP for up to a maximum for 240 mg per dose | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Small Cell – Adjuvant/Curative |
| CISPPEMEFunding Status | Updated funding status to reflect public funding availability of pemetrexed via the New Drug Funding Program (NDFP). | ✓ |
| CRBPPEMEFunding Status | Updated funding status to reflect public funding availability of pemetrexed via the New Drug Funding Program (NDFP).  | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma – Adjuvant/Curative |
| NIVLNew Regimen | Nivolumab 3mg/kg - not currently publicly funded for this regimen and intent Q14 days (for up to 1 year) | ✓ |
| Melanoma – Palliative |
| NIVL+IPILFunding Status | Ipilimumab 3 mg/kg IV day Q21 days x four doses; Nivolumab 1 mg/kg IV day 1 – Not publicly funded. Universal compassionate access program available Q21 days x four doses; THEN Nivolumab 3 mg/kg IV day 1 – Not publicly funded. Universal compassionate access program availableQ14 days  | ✓ |

**SARCOMA**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Soft Tissue – Palliative |
| DOXO+OLARNew Regimen | DOXOrubicin 75mg/m2 IV d1 Olaratumab 15mg/kg IV d1, 8 –Not publicly funded. Universal Compassionate access program available Q21 Days (for up to 8 cycles) | ✓ |
| OLAR(MNT)New Regimen | Olaratumab 15mg/kg IV d1, 8 –Not publicly funded. Universal Compassionate access program available Q21 Days\*as maintenance therapy after combination treatment with DOXOrubicin. | ✓ |

**Updates from February 16, 2018**

**BREAST**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Breast – Palliative |
| CAVDose | Updated vinCRIStine dose to include maximum dose of 2 mg  | ✓ |
| PMDRSchedule | Updated schedule to include Q21 day as an alternative schedule | ✓ |
| ZOLESchedule | Updated standard schedule to include Q21 days as an alternative schedule | ✓ |
| Breast – Adjuvant/Curative |
| CRBPDOCETRASSchedule | Updated CARBOplatin dose from AUC 5-6 to AUC 6 | ✓ |

**CENTRAL NERVOUS SYSTEM**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| CNS – Adjuvant/Curative & Palliative |
| TMZL(RT)-TMZLDose | Merged 2 separate dose listings for TMZL portion of the regimen to a range of 150-200 mg/m2 | ✓ |
| CNS – Adjuvant/Curative |
| TMZLDose | Removed alternative schedule (50mg/m2 PO daily); merged 2 separate dose listings to a range of 150-200 mg/m2 | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Anal - Palliative |
| CISPFUSchedule | Updated CISplatin schedule from IV day 2 to IV day 1. | ✓ |
| Gastroesophageal – Adjuvant/Curative |
| CAPE(RT)Schedule | Updated cycle schedule information to include timing of cycle 2 and cycle 3 | ✓ |
| FULCVR(RT-GAST)Schedule | Alternative 2 schedule becomes standard schedule, previous standard schedule becomes Alternative 2. Updated cycle schedule information to include timing of cycle 2 and cycle 3 of standard and Alternative 1 schedules | ✓ |
| Colorectal - Palliative |
| IRINRALTDose | Updated dose of Irinotecan from 300 mg/m2 to 300-350 mg/m2. Updated dose of Raltitrexed from 2.6 mg/m2 to 2.6-3 mg/m2 | ✓ |

**GYNACOLOGICAL**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| GTD – Adjuvant/Curative |
| ETOPPAC-CISPPACLSchedule | CISplatin and PACLitaxel moved from Day 15 to Day 1, PACLitaxel and Etoposide moved from Day 1 to Day 15. ETOPPACL and CISPPACL are alternated every two weeks beginning with CISPPACL | ✓ |
| MTRX(5D)Dose | Updated dose of Methotrexate to include maximum dose of 25 mg. | ✓ |

**HEAD & NECK**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Head & Neck – Adjuvant/Curative |
| CETU(RT)Schedule | Updated loading dose from Day 6 to 1 week prior to radiotherapy | ✓ |
| Head & Neck - Palliative |
| CISP+CETU; CAPECISP+CETU;CAPECRBP+CETU | Added the note: Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Merkel Cell - Palliative |
| ETOP(PO)New Regimen | Etoposide 100 mg PO daily for 10-14 days; Q28 days  | ✓ |

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Thyomoma- Palliative |
| CAVSchedule | Formerly VAC – to be replaced by CAVCAV: Cyclophosphamide 800 mg/m2 IV day 1 Doxorubicin 50 mg/m2 IV day 1 Vincristine 1.4 mg/m2 IV day 1 (max 2 mg) Q21 days  | ✓ |
| Non-Small Cell – Adjuvant/Curative & Palliative |
| CRBPVINODose | Updated dose of vinorelbine from 30 mg/m2 to 25 mg/m2 | ✓ |
| CISPVINODose, Schedule | Updated vinorelbine from 30 mg/m2 IV days 1, 8 +/- 15 to 25 mg/m2 on Days 1,8  | ✓ |
| Small Cell - Palliative |
| CISPIRINNew Regimen | CISplatin 80 mg/m2 IV day 1;Irinotecan 65 mg/m2 IV days 1, 8.Q21 daysAlternative Schedule:CISplatin 60 mg/m2 IV day 1;Irinotecan 60 mg/m2 IV days 1, 8, 15.Q28 daysNote: The Lung Disease Site Drug Advisory Committee notes that a meta-analysis of randomized clinical trials demonstrated a small survival advantage for trials of cisplatin and irinotecan versus cisplatin and etoposide. The magnitude of this benefit is influenced by one trial from Japan and one trial from Korea and it is unclear whether these trial results may be extrapolated to North American populations. Irinotecan may be a reasonable first line alternative if etoposide is contraindicated or due to toxicity | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Penile – Palliative |
| TIP(MOD)Dose, Schedule | Updated PACLitaxel 175mg/m2 over 24 hours Day 1 to 175mg/m2 to over 3 hours Day 1 and Mesna 200 mg/m2 IV to Mesna 200 mg/m2 IV (or 400 mg/m2 PO) | ✓ |
| Prostate - Palliative |
| CABAPREDDose | Updated Cabazitaxel 25 mg/m2 IV Day 1 to Cabazitaxel 20-25 mg/m2 IV Day 1 | ✓ |
| CYCLSchedule | Updated Q14 Days to Q21 days | ✓ |
| BICATRIPSchedule | Added alternative Triptorelin schedule: Triptorelin 22.5 mg IM Q 6 months | ✓ |
| Bladder – Adjuvant/Curative |
| CISP(RT)Schedule | Upated Q14 Days to Q21 days |  |
| FUMTMC(RT)Schedule | Updated statement on radiation from Concurrent with radiation over 5 weeks to Concurrent with radiation | ✓ |
| Testis - Palliative |
| CISPGEMCPACLDose, Schedule | Cisplatin changed from 70mg/m2 day 1 to 50 mg/m2 day 1, 8Gemcitabine dose changed from 1000 to 800 mg/m2 | ✓ |
| Bladder/Urothelial - Palliative |
| ATEZNew Regimen | Atezolizumab 1200 mg IV day 1 – not currently publicly funded for this regimen and intent.Q21 days | ✓ |
| DURVNew Regimen | Durvalumab 10 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.Q14 days | ✓ |
| PEMB(FIXED)New Regimen | Pembrolizumab 200 mg IV day 1 – Not publicly funded. Universal compassionate access program available Q21 days | ✓ |
| Penial - Neoadjuvant |
| TIP(MOD)New Regimen | PACLitaxel 175 mg/m2 IV day 1;Mesna 400 mg/m2 IV (pre-ifosfamide) days 1-3;Ifosfamide 1200 mg/m2 IV days 1-3;CISplatin 25 mg/m2 IV days 1-3;Mesna 200 mg/m2 IV or 400 mg/m2 PO (4 and 8 hours post-ifosfamide) days 1-3.Q21-28 days (x 4 cycles) | ✓ |

**SARCOMA**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Soft Tissue Sarcoma – Palliative |
| VAcTCSchedule | Removed standard schedule. Previous alternative schedule is now the standard schedule.  | ✓ |
| Soft Tissue Sarcoma – Adjuvant/Curative |
| VAcTCDose | Updated dose of DACTINomycin from 0.045mg/kg (max 2.5 mg) IV Day 1 to DACTINomycin 1.25 mg/m2 (max 2.5 mg) IV Day 1 and Cyclophosphamide 1100 mg/m2 IV Days 1&2 to Cyclophophamide 1200 mg/m2 IV Day 1 | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Hodgkin’s Lymphoma (High or Intermediate Grade) – Adjuvant/Curative & Palliative |
| CEPP(B)Schedule | Removed the following statement: Procarbazine may be dropped from the regimen | ✓ |
| CEPIOPDose | Updated dose of epirubicin from 50 mg/m2 IV Day 1 to 50-70 mg/m2 IV Day 1 | ✓ |
| CEPIOP+RITUDose | Updated dose of epirubicin from 50 mg/m2 IV Day 1 to 50-70 mg/m2 IV Day 1 | ✓ |
| Hodgkin’s Lymphoma – Adjuvant/Curative & Palliative |
| COPPSchedule | Added note: Usually given with alternative cycles of ABVD x 4-8 cycles | ✓ |
| Non-Hodgkin’s Lymphoma (High or Intermediate Grade) – Adjuvant/Curative |
| CYCLETOPDose | Updated Cyclophosphamide 2000 mg/m2 IV Day 1 to 2000-2500 mg/m2 IV Day 1Added note: For use as a stem cell mobilization regimen in patients with Non-Hodgkin’s Lymphoma | ✓ |
| ICESchedule | Updated dose of Mesna from 2 and 4 hours post-Ifosfamide to 2 and 6 hours after completion of each ifosfamide dose | ✓ |
| Hodgkin’s Lymphoma – Adjuvant/Curative |
| ICESchedule | Updated dose of Mesna from 2 and 4 hours post-Ifosfamide to 2 and 6 hours after completion of each ifosfamide dose | ✓ |
| Non-Hodgkin’s Lymphoma (High Grade), Birkitt’s Lymphoma – Adjuvant/Curative |
| CODOX-MDose, Schedule | Added Methotrexate 12 mg IT Day 15.Changed vinCRIStine schedule from days 1,8 (also day 15 in cycle 3) to days 1, 8   | ✓ |
| CODOX-M+RITUDose, Schedule |  Added Methotrexate 12 mg IT Day 15.Changed vinCRIStine schedule from days 1,8 (also day 15 in cycle 3) to days 1, 8  | ✓ |
| AML – Adjuvant/Curative |
| CYTADAUNDose | Added note: If patient is 60 years or older, use cytarabine 1500 mg/m2 IV Q12 hours on days 1,3,5 | ✓ |
| Non-Hodgkin’s Lymphoma (High or Intermediate Grade), Hodgkin’s Lymphoma – Adjuvant/Curative |
| MINIBEAMSchedule | Removed alternative melphalan schedule | ✓ |
| DHAPSchedule | Updated cycle frequency from Q21 to a range of Q21- Q28 days | ✓ |
| Hodgkin’s Lymphoma - Palliative |
| PEMB(FIXED)New Regimen | Pembrolizumab 200 mg IV day 1– not currently publicly funded for this regimen and intentQ21 days | ✓ |
| Low Grade Lymphoma - Palliative |
| IBRUFunding Status | Updated Funding Status to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective December 28, 2017. | ✓ |

**Updates from January 19, 2018**

**LUNG**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Non-Small Cell – Palliative |
| PEMBFunding Status & Rationale/Uses | Updated funding status reflect public funding availability via the New Drug Funding Program (NDFP) according to specific criteria, effective January 17, 2018. Added the footnote: “Funded by NDFP for up to a maximum of 200 mg per dose”First line treatment added under rationale/uses.  | ✓ |

**HEAD & NECK**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Head & Neck - Palliative |
| NIVLFunding Status | Updated funding status to reflect public funding availability via the New Drug Funding Program (NDFP) according to specific criteria, effective January 17, 2018 | ✓ |

**SKIN**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Melanoma – Palliative |
| COBIVEMUFunding Status  | Updated funding status to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective November 17, 2018. | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | DF |
| --- | --- | --- |
| Myeloproliferative Neoplasms (MPNs) – Palliative |
| RUXOFunding Criteria  | Updated funding to reflect public funding availability for ploycthemia vera via the Exceptional Access Program (EAP) according to specific criteria, effective November 20, 2018. | ✓ |

**Updates from November 22, 2017**

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Neuroendocrine Tumour – Palliative |
| EVERFunding Status | Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective November 20, 2017. | ✓ | ✓ |

The following evidence-informed regimens have been transferred from **Genitourinary** to **Endocrine** (new disease site) for the indicated sub-diseases:

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adrenal – Adjuvant/Curative |
| MTTN | Mitotane 1 to 3 g PO daily – Not currently publicly funded for this regimen and intent | ✓ | ✓ |
| Adrenal – Palliative |
| CISPDOXOETOP | CISplatin 40 mg/m² IV days 3 and 4;DOXOrubicin 40 mg/m² IV day 1;Etoposide 100 mg/m² IV days 2, 3, and 4. Q28 days | ✓ | ✓ |
| CYCLDCRBVNCR | Cyclophosphamide 750 mg/m2 IV day 1;vinCRIStine 1.4 mg/m2 IV day 1;Dacarbazine 600 mg/m2 IV days 1 and 2. Q21-28 days*Note: for pheochromocytoma* | ✓ | ✓ |
| DOXO | DOXOrubicin 50-75 mg/m² 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/m² IV days 1, 8. Q21 days *Patients receiving this regimen are usually maintained on Mitotane* | ✓ | ✓ |
| CISPDOXOETOPMTTN | CISplatin 40 mg/m² IV days 3 and 4;DOXOrubicin 40 mg/m² IV day 1;Etoposide 100 mg/m² 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 intentQ28 days | ✓ | ✓ |
| MTTN | Mitotane 2-6 g PO daily – Not currently publicly funded for this regimen and intent | ✓ | ✓ |

The following evidence-informed regimens have been transferred from **Head and Neck** to **Endocrine** (new disease site) for the indicated sub-diseases:

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Thyroid – Palliative |
| DOXO | DOXOrubicin 50-60 mg/m² IV day 1. Q21 days | ✓ | ✓ |
| LENV | Lenvatinib 24 mg PO daily | ✓ | ✓ |
| PACL(W) | PACLitaxel 80 mg/m² IV days 1, 8, 15. Q28 days | ✓ | ✓ |
| SORA | SORAfenib 400 mg PO BID – Not currently publicly funded for this regimen and intent | ✓ | ✓ |
| VAND | VanDETanib 300 mg PO daily – Not currently publicly funded for this regimen and intent | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Promyelocytic Leukemia – Adjuvant/Curative & Palliative |
| ATRA(MNT)Schedule | Updated cycle information to align with published literature. Tretinoin standard schedule updated to 2 weeks on, 2 weeks off, and alternative schedule of 1 week on, 1 week off (on alternate weeks) added – as discussed with Ontario Cancer Lead. | ✓ | ✓ |
| ATRAMERCMTRXDose and Schedule | Updated cycle information to align with published literature. Updated tretinoin schedule to days 1-14; mercaptopurine dosage and schedule to 50-90 mg/m2/day on days 15-90; and methotrexate dosage and schedule to 5-15 mg/m2/week on days 15-90 – as discussed with Ontario Cancer Lead. | ✓ | ✓ |
| Myeloma – Palliative |
| BORTDEXALENA Funding Status | Updated funding status of lenalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead. | ✓ | ✓ |
| BORTDEXAPOMAFunding Status | Updated funding status of pomalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead. | ✓ | ✓ |
| CARFDEXALENA Funding Status | Updated funding status of lenalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead. | ✓ | ✓ |

**Updates from November 16, 2017**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| OLAPNew Regimen | Olaparib 300 mg PO bid (tablet formulation) – not currently publicly funded for this regimen and intent. | ✓ | ✓ |

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adjuvant |
| CRBPFUNew Regimen | CARBOplatin AUC 5 IV day 1;Fluorouracil 1000 mg/m2/day CIV days 1-4.Q28 days | ✓ | ✓ |
| Palliative |
| CISPVINONew Regimen | CISplatin 80 mg/m2 IV day 1;Vinorelbine 25 mg/m2 IV days 1, 8.Q21 days | ✓ | ✓ |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell – Palliative  |
| PEMB(FIXED)Funding Status | Updated funding status of flat dose pembrolizumab to blue to reflect universal compassionate access program availability.  | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Squamous Cell – Palliative |
| CRBPFUNew Regimen | CARBOplatin AUC 5 IV day 1;Fluorouracil 1000 mg/m²/d CIV days 1-4.Q21 days | ✓ | ✓ |

**Updates from November 1, 2017**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Colorectal, Small Bowel & Appendix – Palliative |
| CAPE+BEVAFunding status | Updated funding status of bevacizumab to black to reflect public funding availability via NDFP when used in combination with a fluoropyridime (AVEX) in the first line setting, effective October 20, 2017. | ✓ | ✓ |
| Gastroesophageal – Adjuvant |
| CAPECISP(RT)Dose and Schedule | Updated cycle information to align with published literature (ARTIST trial). Updated capecitabine dose options to either 5 days/week or 7 days/week when given with concurrent radiation (in cycle 3) as discussed with the GI Disease Site Drug Advisory Committee. | ✓ | ✓ |

The following regimens have been listed as evidence-informed for the indicated sub-disease and are eligible for funding through the Systemic Treatment QBP:

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Neuroendocrine Tumour (\*New sub-disease\*) – Palliative |
| DCRBEPIRFU | Dacarbazine 200 mg/m2 IV days 1-3;EPIrubicin 30 mg/m2 IV days 1-3;Fluorouracil 500 mg/m2 IV days 1-3.Q21 days | ✓ | ✓ |
| EVER | Everolimus 10 mg PO daily – not currently publicly funded for this regimen and intent | ✓ | ✓ |
| FUSTRE | Fluorouracil 400 mg/m² IV days 1-5; Streptozocin 500 mg/m² IV days 1-5. Q42 days | ✓ | ✓ |
| OCTR | Octreotide 50-100 mcg SC BID - TID. THEN Octreotide 10-30 mg IM day 1. Q28 days | ✓ | ✓ |
| TMZL | *Patients without prior chemotherapy:*Temozolomide 200 mg/m² PO daily, days 1-5 – Not currently publicly funded for this regimen and intentQ28 days*Patients with prior chemotherapy:*Temozolomide 150 mg/m² PO daily, days 1-5 – Not currently publicly funded for this regimen and intentQ28 days | ✓ | ✓ |

The following are regimens which have been de-listed as evidence-informed for the indicated sub-disease(s) and are no longer eligible for funding through the Systemic Treatment QBP:

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Chronic Lymphocytic Leukemia & Low Grade Lymphoma – Palliative |
| CYCL | *Dose and frequency may vary, two options are:*Cyclophosphamide 750 mg IV day 1. Q14-21 daysOrCyclophosphamide 500 mg IV day 1. Q7 days*Can be given with or without Prednisone* | ✓ | ✓ |
| High Grade Lymphoma – Palliative |
| CYCL(PO) | *Dose and frequency may vary, two options are:*Cyclophosphamide 500 mg PO weeklyOrCyclophosphamide 50 mg PO daily*Can be given with or without Prednisone* | ✓ | ✓ |

**Updates from October 17, 2017**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Ovarian – Palliative |
| PACL(W)+BEVAFunding Status | Updated funding status of bevacizumab to black to reflect public funding availability via NDFP when used in combination with paclitaxel for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017. | ✓ | ✓ |
| PGLDX+BEVAFunding Status | Updated funding status of bevacizumab and pegylated liposomal doxorubicin to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017. | ✓ | ✓ |
| TOPO(W)+BEVAFunding Status | Updated funding status of bevacizumab and weekly topotecan to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017. | ✓ | ✓ |
| TOPO+BEVAFunding Status | Updated funding status of bevacizumab and topotecan to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017. | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| COBIVEMUNew Regimen | Cobimetinib 60 mg PO days 1-21 – not currently publicly funded for this regimen and intent;VemURAFenib 960 mg PO BID (continuously) – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Myeloma – Palliative |
| PAD/VCDNew Regimen | Cycles 1 and 3:Bortezomib 1.3 mg/m2 SC days 1, 4, 8, 11;Pegylated Liposomal DOXOrubicin 30 mg/m2 IV day 4 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg PO days 1, 4, 8, 11.Q21 daysCycles 2 and 4:Bortezomib 1.3 mg/m2 SC days 1, 4, 8, 11;Cyclophosphamide 300 mg/m2 PO days 1, 8;Dexamethasone 40 mg PO days 1, 4, 8, 11.Q21 days*Note: For use as an induction regimen pre-stem cell transplant in primary plasma cell leukemia*. | ✓ | ✓ |
| Acute Myeloid Leukemia – Adjuvant/Curative |
| CYTA(HD)+MIDONew Regimen | Cytarabine 3000 mg/m2 IV q12hours days 1, 3, 5;Midostaurin 50 mg PO bid days 8-21 – not currently publicly funded for this regimen and intent.Q28 days*Note: For use as consolidative therapy in patients with a FLT3 mutation.* | ✓ | ✓ |

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adjuvant/Curative |
| CAPENew Regimen | Capecitabine 1250 mg/m2 PO BID days 1-14 – not currently publicly funded for this regimen and intent.Q21 days*Note: For use as adjuvant therapy in patients with residual disease after neoadjuvant chemotherapy. The Breast Drug Advisory Committee notes that a greater magnitude of benefit was seen in patients with triple-negative disease based on the subset analysis from the CREATE-X trial, and that consideration be given towards an upfront dose adjustment to facilitate tolerability and completion of the planned number of treatment cycles.* | ✓ | ✓ |

**CENTRAL NERVOUS SYSTEM**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adjuvant/Curative & Palliative |
| VNCR(RT-W)New Regimen | VinCRIStine 1.5 mg/m2 (maximum: 2 mg) IV day 1;Weekly during concurrent radiotherapy (to a maximum of eight doses) | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Hepatobiliary – Palliative |
| REGONew Regimen | Regorafenib 160 mg PO days 1-21 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |
| All sub-diseases – Palliative |
| ZOLENew Regimen | Zoledronic acid 4 mg IV day 1.Q21 days | ✓ | ✓ |

**Updates from October 1, 2017**

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Thyroid – Palliative |
| LENVFunding Status | Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective September 12, 2017. | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal – Palliative |
| CAPECRBP+TRASNote | Added a note to specify that “prior authorization is required for PDRP funding of trastuzumab for this regimen” for consistency with the CRBPFU+TRAS regimen. | ✓ | ✓ |

**Lung**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Small Cell – Palliative |
| CISPETOPNew Regimen | New evidence-informed regimen (added as a clinical variant to existing cisplatin/etoposide lung regimens as discussed with ST-QBP Clinical Lead):CISplatin 75 mg/m2 IV day 1;Etoposide 100 mg/m2 IV days 1-3. Q21 days | ✓ | ✓ |

**Updates from September 1, 2017**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Pancreatic – Palliative  |
| FOLFNALIRIDrug Name & Funding Status | Updated name of irinotecan product to liposomal irinotecan to align with Health Canada Product Monograph (previously nanoliposomal irinotecan as specified in NAPOLI-1).Updated the funding status of liposomal irinotecan to blue to reflect universal compassionate access program availability. | ✓ | ✓ |
| Colorectal, Small Bowel & Appendix – Palliative |
| FOLFIRI+PNTMFunding status | Updated funding status of panitumumab to black to reflect public funding availability via NDFP when used in combination with chemotherapy in the first line setting, effective September 1, 2017. | ✓ | ✓ |
| MFOLFOX6+PNTMFunding status | Updated funding status of panitumumab to black to reflect public funding availability via NDFP when used in combination with chemotherapy in the first line setting, effective September 1, 2017. | ✓ | ✓ |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell – Palliative  |
| PEMBFunding Status | Updated funding status of pembrolizumab to blue to reflect universal compassionate access program availability.  | ✓ | ✓ |

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| CAPECISPNew Regimen | CISplatin 75 mg/m2 IV day 1;Capecitabine 1000 mg/m2 PO bid days 1-14 – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |
| CAPECRBP New Regimen | CARBOplatin AUC 5 IV day 1; Capecitabine 1000 mg/m2 PO bid days 1-14 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |
| CAPECISP+CETUNew Regimen | CISplatin 100 mg/m2 IV day 1; Capecitabine 1000 mg/m2 PO bid days 1-14 – not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m2 IV DAY 1 CYCLE 1 ONLY;THEN Cetuximab 250 mg/m2 IV weekly – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |
| CAPECRBP+CETUNew Regimen | CARBOplatin AUC 5 IV day 1;Capecitabine 1000 mg/m2 PO bid days 1-14 – not currently publicly funded for this regimen and intent;Cetuximab 400 mg/m2 IV DAY 1 CYCLE 1 ONLY;THEN Cetuximab 250 mg/m2 IV weekly – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Endometrial – Adjuvant/Curative |
| CISP(RT)New Regimen | CISplatin 50 mg/m2 IV days 1, 22Concurrent with radiotherapy.*Note: \*For use in high-risk, stage III disease only. For the adjuvant chemotherapy portion to follow using 4 cycles of CARBOplatin and PACLitaxel, please report as regimen code: CRBPPACL\** | ✓ | ✓ |
| Ovarian – Palliative |
| OLAPDose  | Updated dose to reflect new formulation:Olaparib 300 mg PO bid (tablet formulation) or 400 mg PO bid (capsule formulation) – not currently publicly funded for this regimen and intent.*Note: For use as maintenance treatment in platinum-sensitive, relapsed disease with a BRCA1/2 mutation* | ✓ | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adrenal – Palliative |
| CYCLDCRBVNCR Schedule | Updated regimen to include the route of administration as “IV” (previously omitted) to align with published literature. | ✓ | ✓ |

**Updates from August 2, 2017**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Ovarian – Palliative |
| CRBPPGLDXFunding Status | Updated funding status of pegylated liposomal doxorubicin to black to reflect public funding availability via NDFP when used in combination with carboplatin, effective August 8, 2017. | ✓ | ✓ |

**Updates from July 21, 2017**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Small Bowel & Appendix Cancers – Adjuvant/Curative |
| MFOLFOX6Funding Status | Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| CAPEFunding Status  | Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017 | ✓ | ✓ |
| FLOXNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| XELOXNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| OXALRALTNew Regimen  | Added as a new evidence-informed regimen to reflect public funding availability of oxaliplatin via NDFP, effective June 29, 2017 | ✓ | ✓ |
| Small Bowel & Appendix Cancers – Palliative |
| MFOLFOX6Funding Status | Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| CAPEFunding Status | Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017 | ✓ | ✓ |
| XELOXFunding Status & Note | Updated funding status of capecitabine and oxaliplatin to black to reflect public funding availability via ODB as a limited use product and NDFP respectively, effective June 29, 2017;Added a note to indicate an alternative dose option for capecitabine. | ✓ | ✓ |
| FOLFIRI+BEVANew Regimen  | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| IRINNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| IRIN(Q2W)+CETU New Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| IRIN(Wx4)New Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| IRIN(Wx4)+CETU New Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| IRIN+CETU New Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| MFOLFOX6+BEVA New Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| PNTMNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| RALTNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017 | ✓ | ✓ |
| XELOX+BEVANew Regimen | Added as a new evidence-informed regimen to reflect public funding availability, effective June 29, 2017 | ✓ | ✓ |
| IRINRALTNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability of irinotecan via NDFP, effective June 29, 2017 | ✓ | ✓ |
| OXALRALTNew Regimen | Added as a new evidence-informed regimen to reflect public funding availability of oxaliplatin via NDFP, effective June 29, 2017 | ✓ | ✓ |
| Pancreatic – Palliative  |
| CAPE(RT)New Regimen  | Capecitabine 830 mg/m2 PO bid on days of radiotherapy (5 days/week) – not currently publicly funded for this regimen and intent. | ✓ | ✓ |
| FOLFNALIRINew Regimen | Nanoliposomal irinotecan 80 mg/m2 (equivalent to 70 mg/m2 of irinotecan free base) IV day 1 – not currently publicly funded for this regimen and intent;Leucovorin 400 mg/m2 IV day 1;Fluorouracil 2400 mg/m2 CIV over 46 hours day 1.Q14 days | ✓ | ✓ |
| Colorectal – Palliative |
| FOLFIRI+CETUSchedule  | Added an alternative schedule for cetuximab:Cetuximab 500 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent.Q14 days | ✓ | ✓ |
| FOLFIRI+PNTMNew Regimen | PANitumumab 6 mg/kg IV day 1 – not currently publicly funded for this regimen and intent;Followed by:Irinotecan 180 mg/m2 IV day 1;Leucovorin 400 mg/m2 IV day 1;Fluorouracil 400 mg/m2 IV day 1;THENFluorouracil 2400 mg/m2 CIV over 46 hours, starting on day 1.Q14 days | ✓ | ✓ |
| Gastroesophageal – Adjuvant/Curative/Neoadjuvant |
| FLODOCENew Regimen | DOCEtaxel 50 mg/m2 IV day 1;Oxaliplatin 85 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent;Leucovorin 200\* mg/m2 IV day 1;Fluorouracil 2600 mg/m2 CIV over 24 hours day 1.Q14 days*Note: \*the racemic mixture of leucovorin was used in the FLOT4 trial by Al-Batran SE et al.* | ✓ | ✓ |

Following is a gastrointestinal request that did not receive recommendation to list as an evidence-informed regimen:

| Pancreatic – Palliative |
| --- |
| GEMC(RT) | Gemcitabine 40 mg/m2 IV day 1 and day 4;Biweekly during concurrent radiotherapy |

**Updates from May 19, 2017**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| T Cell Lymphoma – Adjuvant/Curative & Palliative |
| CISP(RT-W)-VIPDSchedule | Updated cisplatin to include the route of administration as “IV” which was previously omitted. | ✓ | ✓ |
| Acute Myeloid Leukemia – Palliative |
| CYTASchedule | Updated cytarabine alternative schedule for SC dosing option to 10 mg/m2 or 20 mg SC **BID** x 10 days (previously 10 mg/m2 or 20 mg SC **daily** x 10 days) to align with literature. | ✓ | ✓ |
| Acute Promyelocytic Leukemia – Palliative |
| ARSESchedule | Updated arsenic schedule to 0.15 mg/kg/day IV daily or daily (Monday to Friday only) until remission to align with literature (previously daily Monday to Friday until remission). | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| ALL-R3(CONS)Schedule | Updated methotrexate IV infusion time to 36 hours to align with protocol (previously 3 hours) | ✓ | ✓ |
| ALL-R3(INT)Schedule | Added methotrexate IV infusion time of 36 hours to align with protocol (previously not specified) | ✓ | ✓ |
| ALL-R3(INTERIM MNT)Note & Route | Added a note to specify that patients who have received cranial radiation in R3 do not receive intrathecal methotrexate in this cycle, and added SC as an additional route for cytarabine, to align with protocol specifications. | ✓ | ✓ |
| ALL-R3(MNT C1-7)Note | Added a note to specify that patients who have received cranial radiation in R3 do not receive intrathecal methotrexate in this phase to align with protocol specifications. | ✓ | ✓ |
| DANAFARBER(CNS)Schedule | Updated schedule to reflect start of cycle as Day 1 for consistency with other protocols (previously Day 0 for vincristine, doxorubicin and intrathecal treatments). | ✓ | ✓ |
| HYPERCVAD+RITUFunding Status | Updated rituximab funding status to indicate that this drug is not currently publicly funded for this regimen and intent. | ✓ | ✓ |
| Acute Myeloid Leukemia – Adjuvant/Curative |
| 3+7Note | Updated note for cytarabine dosing in patients less than 60 years of age (previously less than or equal to 60 years of age). | ✓ | ✓ |
| CYTAIDARNote | Added a note for cytarabine dosing in patients less than 60 years of age to align with dosing used in 3+7 regimen. | ✓ | ✓ |
| Acute Promyelocytic Leukemia – Adjuvant/Curative |
| ARSEATRA(IND LO/INT)Duration | Modified the treatment duration to “until CR or for a maximum of 60 days” to align with literature (previously “until CR”). | ✓ | ✓ |
| ARSEATRA(CONS LO/INT)Schedule | Changed tretinoin dosing schedule to Days 1-14 (every 28 days) to align with literature (previously listed as “15 days Qmonth”). | ✓ | ✓ |
| AMSAATRACYTA Dose | Updated the amsacrine dose in the standard schedule to 125 mg/m2 IV days 1-3 to align with literature and daunorubicin dose equivalency (previously 100 mg/m2 IV days 1-3). | ✓ | ✓ |

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| FLVSPALBNew Regimen | Fulvestrant 500 mg IM days 1, 15, 29 (loading dose) – not currently publicly funded for this regimen and intentTHENFulvestrant 500 mg IM day 1;Palbociclib 125 mg PO days 1-21 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Adjuvant/Curative |
| ALDE(INTRALESIONAL)New Regimen | Aldesleukin up to 22 million IU – not currently publicly funded for this regimen and intent.Q7-14 days *Note: The amount injected depends on the number and size of in-transit metastases. Doses should not exceed 1 vial (22 million IU) per cycle.* | ✓ | ✓ |
| Merkel Cell – Palliative |
| AVELNew Regimen | Avelumab 10 mg/kg IV – not currently publicly funded for this regimen and intent.Q14 days | ✓ | ✓ |

**Updates from May 4, 2017**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Endometrial - Palliative |
| IFOSPACLNew Regimen | Ifosfamide 1600 mg/m2 IV days 1-3;PACLitaxel 135 mg/m2 IV day 1;Mesna (refer to Mesna table).Q21 days | ✓ | ✓ |
| Ovarian – Palliative |
| PGLDX+BEVANew Regimen | Pegylated Liposomal DOXOrubicin 40 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent;Bevacizumab 10 mg/kg IV days 1, 15 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |
| TOPO(W)+BEVANew Regimen | Topotecan 4 mg/m2 IV days 1, 8, 15 – not currently publicly funded for this regimen and intent;Bevacizumab 10 mg/kg IV days 1, 15 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |
| TOPO+BEVANew Regimen | Topotecan 1.25 mg/m2 IV days 1-5 – not currently publicly funded for this regimen and intent;Bevacizumab 15 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Low Grade Lymphoma – Palliative |
| BEND+OBIN and OBIN(MNT)New Regimens | BEND+OBIN:Bendamustine 90 mg/m2 IV days 1-2 – not currently publicly funded for this regimen and intent;oBINutuzumab 1000 mg IV days 1, 8, 15 (cycle 1 only)THEN oBINutuzumab 1000 mg IV day 1 of cycles 2 to 6 – not currently publicly funded for this regimen and intent;Q28 days*Note: \*\*For use in patients with rituximab-refractory disease. See GADOLIN paper for details. For maintenance use, report as Regimen Code: OBIN(MNT) after BEND+OBIN induction\*\**OBIN(MNT):oBINutuzumab 1000 mg IV day 1 – not currently publicly funded for this regimen and intent;Q8 weeks (until disease progression or for up to 2 years) | ✓ | ✓ |
| BORTGEMCNew Regimen | Bortezomib 1 mg/m2 IV/SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent;Gemcitabine 1000 mg/m2 IV days 1, 8.Q21 days | ✓ | ✓ |
| GDPNew Regimen | Gemcitabine 1000 mg/m² IV days 1 and 8; Dexamethasone 40 mg PO days 1-4;CISplatin 75 mg/m² IV day 1. Q21 days*Note: For use in selected patients with R/R indolent NHL* | ✓ | ✓ |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Mesothelioma – Palliative |
| CISPPEME+BEVAFunding Status | Updated funding status of pemetrexed to red as it is not currently publicly funded as part of this regimen and intent. | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| NIVL+IPILFunding Status | Updated funding status of ipilimumab to red as it is not currently publicly funded as part of this regimen and intent. | ✓ | ✓ |

**Updates from May 2, 2017**

The following are regimens which were de-listed as evidence-informed and no longer eligible for funding through the ST-QBP, as of April 1, 2017:

**PRIMARY UNKNOWN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| GEMCIRIN | Gemcitabine 1000 mg/m2 IV days 1, 8;Irinotecan 100 mg/m2 IV days 1, 8.Q21 days | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal – Palliative |
| CRBPPACL | CARBOplatin AUC 5-6 IV day 1; PACLitaxel 175-200 mg/m² IV day 1. Q21 days | ✓ | ✓ |

**Updates from April 21, 2017**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Lymphoblastic Leukemia – Palliative |
| BLINFunding Status | Updated funding status of blinatumomab to black to reflect public funding availability via NDFP, effective April 24, 2017. | ✓ | ✓ |

**Updates from March 30, 2017**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| CMML & Myeloproliferative – Palliative |
| HYDRNote | Added a note “Hydroxyurea should be initiated as cytoreductive therapy in patients with polycythemia vera who are greater than 60 years old and/or have a history of thrombosis. Hydroxyurea can be considered in patients with myeloproliferation symptoms.Please see the following reference for further information: Barbui T *et al*. Blood 2013;122:2176-84.” | ✓ | ✓ |
| Acute Promyelocytic Leukemia – Curative |
| AMSAATRACYTADose | Updated cytarabine alternative schedule dosing to 100 mg/m2/day CIV days 1-7 to align with current best practice (previously 1000 mg/m2/day CIV days 1-7). Discussed with Ontario Cancer Lead. | ✓ | ✓ |
| Acute Myeloid Leukemia – Palliative |
| CYTAMTRX(IT)Schedule and Frequency | Added a note to help inform schedule and frequency (“2 injections per week for 4 weeks”) and for consistency with other sub-diseases. | ✓ | ✓ |

**Updates from March 20, 2017**

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Renal Cell – Palliative |
| NIVLFunding Status | Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017. | ✓ | ✓ |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell – Palliative |
| NIVLFunding Status | Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017. | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| NIVLFunding Status | Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017. | ✓ | ✓ |

**Updates from March 2, 2017**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Small Bowel & Appendix – Palliative  |
| XELOXNew Regimen | Capecitabine 750 mg/m2 PO BID days 1-14 – not currently publicly funded for this regimen and intent;Oxaliplatin 130 mg/m2 IV day 1 – Prior authorization is required for PDRP funding of oxaliplatin for this regimen.Q21 days | ✓ | ✓ |
| Hepatobiliary – Adjuvant/Curative |
| CAPE(RT)New Regimen | Capecitabine 825 mg/m2 PO BID either on days of radiation (5 days/week), or continuously (7 days/week) during radiotherapy – not currently publicly funded for this regimen and intent. | ✓ | ✓ |

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Soft Tissue – Palliative  |
| TMZLNew Regimen | Temozolomide 200 mg/m2 PO as a loading dose then 90 mg/m2 PO Q12H x 9 doses (days 1-5) – not currently publicly funded for this regimen and intent.Q28 daysAlternative Schedule:Temozolomide 75 mg/m2/day PO days 1-42 – not currently publicly funded for this regimen and intent.Q63 days | ✓ | ✓ |

Following is a sarcoma request that did not receive recommendation to list as an evidence-informed regimen:

| Soft Tissue – Palliative |
| --- |
| PGLDX | Pegylated Liposomal DOXOrubicin 40-50 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent.Q28 days |

**Updates from February 28, 2017**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal – Palliative |
| PACL(W)+RAMUFunding Status | Updated funding status of ramucirumab to black to reflect public funding availability via NDFP, when used in combination with weekly PACLitaxel, effective February 28, 2017. | ✓ | ✓ |

**Updates from February 22, 2017**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| ZOLESchedule | Added an alternative schedule for Zoledronic acid 4 mg IV day 1 Q84 days (previously Q28 day standard schedule only) | ✓ | ✓ |

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Head & Neck –Adjuvant/Curative |
| CRBP(RT-3W)New Regimen | CARBOplatin AUC 6 IV days 1, 22, 43;Concurrent with radiotherapy | ✓ | ✓ |
| Head & Neck – Palliative |
| NIVLNew Regimen | Nivolumab 3 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.Q14 days | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Myeloma - Palliative |
| ZOLESchedule | Added an alternative schedule for Zoledronic acid 4 mg IV day 1 Q84 days (previously Q28 day standard schedule only) | ✓ | ✓ |
| Intermediate Grade Lymphoma – Adjuvant/Curative |
| MATRIXNew Regimen  | Rituximab 375 mg/m2 IV days –5 and 0 – not currently publicly funded for this regimen and intent.Methotrexate\* 3500 mg/m2 IV day 1;Cytarabine\* 2000 mg/m2 IV Q12hours days 2 and 3;Thiotepa\* 30 mg/m2 IV day 4 – not currently publicly funded for this regimen and intent;Q21 days*Note: only the portion of this regimen delivered on an outpatient basis will be considered within scope for ST-QBP funding. Inpatient portions are denoted with an “\*”.* | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Neuroendocrine – Palliative  |
| DCRBEPIRFUNew Regimen | Dacarbazine 200 mg/m2 IV days 1-3;EPIrubicin 30 mg/m2 IV days 1-3;Fluorouracil 500 mg/m2 IV days 1-3.Q21 days | ✓ | ✓ |

**Updates from February 3, 2017**

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell – Adjuvant/Curative & Palliative |
| CISPETOP(PO)Schedule | Added an alternative schedule for etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3 (previously 200 mg/m2 PO days 1-3). | ✓ | ✓ |
| Non-Small Cell – Palliative |
| CRBPETOP(PO)New Regimen | New evidence-informed regimen (added as a clinical variant):* CARBOplatin AUC 5 IV day 1;

Etoposide 200 mg/m² PO days 1-3. Q21 days*Alternative Schedule:*Etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3. | ✓ | ✓ |
| Small Cell – Adjuvant/Curative & Palliative |
| CISPETOP(PO)Schedule | Added an alternative schedule for etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3 (previously 200 mg/m2 PO days 1-3). | ✓ | ✓ |
| CRBPETOP(PO)New Regimen | New evidence-informed regimen (added as a clinical variant):* CARBOplatin AUC 5 IV day 1;

Etoposide 200 mg/m² PO days 1-3. Q21 days*Alternative Schedule:*Etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3. | ✓ | ✓ |

**PRIMARY UNKNOWN**

Following is a primary unknown request that did not receive recommendation to list as an alternative schedule for an existing evidence-informed regimen:

| Palliative |
| --- |
| GEMCIRIN | Proposed alternative schedule:Gemcitabine 750 mg/m2 IV days 1, 8, 15; Irinotecan 75 mg/m2 IV days 1, 8, 15. Q28 days |

**Updates from January 25, 2017**

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Thymoma – Palliative |
| DENORegimen Clarification | Duplicate denosumab regimen code removed (remains as not publicly funded for this regimen and intent). | ✓ | ✓ |
| Non-Small Cell - Palliative |
| ALECNew Regimen | New evidence-informed regimen:* Alectinib 600 mg PO bid – not currently publicly funded for this regimen and intent.

*Note: For use in patients with ALK-positive non-small cell lung cancer (NSCLC) who have progressed on or are intolerant to crizotinib* | ✓ | ✓ |
| OSIMNew Regimen | New evidence-informed regimen:* Osimertinib 80 mg PO daily – not currently publicly funded for this regimen and intent.

*Note: For locally advanced or metastatic EGFR T790M mutation-positive NSCLC who have progressed on or after EGFR TKI therapy* | ✓ | ✓ |
| PEMB (FIXED)New Regimen | New evidence-informed regimen:* Pembrolizumab 200 mg IV day 1 – not currently publicly funded for this regimen and intent;

Q21 days*Note: For 1st line use (PD-L1 TPS of 50% or greater, and no EGFR or ALK mutation)* | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal – Adjuvant/Curative |
| XELOXNew Regimen | New evidence-informed regimen:* Capecitabine 1000 mg/m2 PO BID days 1-14 – not currently publicly funded for this regimen and intent;

Oxaliplatin 130 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |
| MFOLFOX6New Regimen | New evidence-informed regimen:* Oxaliplatin 85 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent;

Leucovorin 400 mg/m2 IV day 1;Fluorouracil 400 mg/m2 IV day 1;THENFluorouracil 2400 mg/m2 CIV over 46 hrs day 1.Q14 days | ✓ | ✓ |
| Colorectal– Adjuvant/Curative & Palliative |
| OXALRALTDose | Updated oxaliplatin dose to 100-130 mg/m2 (previously 100 mg/m2) to align with literature. | ✓ | ✓ |

Following is a gastrointestinal request that did not receive recommendation to list as an alternative schedule for an existing evidence-informed regimen:

| Gastroesophageal – Neoadjuvant |
| --- |
| CISPFU(RT) | Proposed alternative for protracted 5-FU infusion:CISplatin 75 mg/m2 IV days 1 and 29;Fluorouracil 225 mg/m2/day CIV over 24 hours daily (5 days/week) concurrent with radiation. |

 **HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Myeloma - Palliative |
| DEXAIXAZLENANew Regimen | New evidence-informed regimen:* Ixazomib 4 mg PO days 1, 8, 15 – not currently publicly funded for this regimen and intent;

Lenalidomide 25 mg PO days 1-21 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg PO days 1, 8, 15, 22.Q28 days | ✓ | ✓ |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓  |
| Chronic Lymphocytic Leukemia - Palliative |
| VENENew Regimen | New evidence-informed regimen:* Week 1:

Venetoclax 20 mg PO daily – not currently publicly funded for this regimen and intent;Week 2:Venetoclax 50 mg PO daily;Week 3:Venetoclax 100 mg PO daily;Week 4:Venetoclax 200 mg PO daily;THENVenetoclax 400 mg PO daily. | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative & Palliative |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓ |
| Acute Myeloid Leukemia – Adjuvant/Curative & Palliative |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓ |
| High Grade Lymphoma – Adjuvant/Curative & Palliative |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓ |
| Intermediate Grade Lymphoma – Adjuvant/Curative & Palliative |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓ |
| Low Grade Lymphoma – Palliative |
| MTRX(IT)New Regimen | New evidence-informed regimen:* Methotrexate 12 mg IT

*Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)* |  | ✓ |

**Updates from January 16, 2017**

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Ewing’s – Palliative |
| IRINTMZLDose | Updated irinotecan dose to 10-20 mg/m2/day (previously 20-50 mg/m2/day) to align with literature, and originally approved ST-QBP request. | ✓ | ✓ |

**Updates from January 3, 2017**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adjuvant/Curative |
| PACL(W)+TRASSchedule | Updated PACLitaxel and trastuzumab schedules to better align with other ST-QBP regimen abstracts and DF documents. Discussed with Drug Formulary Clinical Lead. | ✓ | ✓ |

**Updates from December 23, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Rare Diseases: Multicentric Castleman’s Disease – Palliative |
| SILTFunding Status | Updated funding status to black to reflect public funding availability via NDFP, effective December 22, 2016. | ✓ | ✓ |
| Acute Myeloid Leukemia – Adjuvant/Curative |
| FLAG+IDAUnits | Updated filgrastim units to mcg (previously: mg) to align with literature. | ✓ | ✓ |

**Updates from December 15, 2016**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| CRBPPACLDose | Updated PACLitaxel dose to 175 mg/m2 (previously 175-200 mg/m2) to align with literature. Discussed with Ontario Breast Cancer Disease Site Lead. | ✓ | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Renal Cell – Palliative |
| IFNA+BEVADrug Modification | Updated to interferon alfa-2b to align with market status in Canada (previously interferon alfa-2a no longer available). | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| High Grade & Burkitt’s Lymphoma – Adjuvant/Curative |
| CODOXM+RITUSchedule and Note | Updated riTUXimab schedule to day 1\* (previously days 2 and 12) to align with published literature and standard administration schedule. Discussed with Hematology Ontario Cancer Lead. Added a note (\*dose may be postponed to later in the cycle if clinically indicated). | ✓ | ✓ |
| CMML & Myeloproliferative – Palliative |
| AZCT Funding Status | Added an additional sub-disease to reflect public funding availability for azaCITIDine via NDFP at the three listed dosing schedules. | ✓ | ✓ |

**November 18, 2016**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Vulvar – Palliative |
| CISP(RT-W) New Regimen  | New evidence-informed regimen:* CISplatin 40 mg/m2 (maximum dose: 70 mg) IV day 1;

Weekly during concurrent radiotherapy | ✓ | ✓ |
| CISPVINONew Regimen | New evidence-informed regimen:* CISplatin 80 mg/m2 IV day 1;

Vinorelbine 25 mg/m2 IV days 1, 8.Q21 days | ✓ | ✓ |
| Ovarian – Palliative |
| DOCENew Regimen | New evidence-informed regimen:* DOCEtaxel 75-100 mg/m2 IV day 1.\*

Q21 days*Note: \*Gynecology Drug Advisory Committee recommends initiation at the lower end of the dose range. Dose may be increased if tolerated and appropriate.* | ✓ | ✓ |
| DOCE(W)New Regimen | New evidence-informed regimen:* DOCEtaxel 30-40 mg/m2 IV day 1, 8, 15.\*

Q28 days*Note: \*Gynecology Drug Advisory Committee recommends initiation at the lower end of the dose range. Dose may be increased if tolerated and appropriate.* | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Lymphoblastic Leukemia – Palliative |
| BLIN Funding Status | Updated funding status to blue to reflect access via a universal compassionate access program | ✓ | n/a |
| Myeloma – Palliative |
| DARADEXALENANew Regimen | New evidence-informed regimen:* Cycles 1-2:

Daratumumab 16 mg/kg IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg\* PO days 1, 8, 15, 22;Lenalidomide 25 mg PO days 1-21 – not currently publicly funded for this regimen and intent.Q28 daysCycles 3-6:Daratumumab 16 mg/kg IV days 1, 15;Dexamethasone 40 mg\* PO days 1, 8, 15, 22;Lenalidomide 25 mg PO days 1-21.Q28 daysCycle 7 and beyond:Daratumumab 16 mg/kg IV day 1;Dexamethasone 40 mg\* PO days 1, 8, 15, 22;Lenalidomide 25 mg PO days 1-21.Q28 daysNote: \*On daratumumab dosing days, half the dexamethasone dose was administered as a pre-medication on the day of the infusion and half the dose the day after. | ✓ | ✓ |
| Hodgkin’s – Palliative |
| GDCRBPNew Regimen | New evidence-informed regimen:* Gemcitabine 1000 mg/m2 IV day 1 and 8;

Dexamethasone 40 mg PO days 1-4;CARBOplatin AUC 5 IV day 1.Q21 days | ✓ | ✓ |
| Intermediate Grade Lymphoma – Palliative |
| GDCRBPNew Regimen | New evidence-informed regimen:* Gemcitabine 1000 mg/m2 IV day 1 and 8;

Dexamethasone 40 mg PO days 1-4;CARBOplatin AUC 5 IV day 1.Q21 days | ✓ | ✓ |

**Updates from November 1, 2016**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Vulvar – Adjuvant/Curative |
| CISP(RT-W) Dose  | Updated cisplatin to 40 mg/m2 (maximum dose: 70 mg) IV day 1 to align with landmark clinical trial and recommendations from the Gynecology Disease Site Drug Advisory Committee (previously maximum dose not specified). | ✓ | ✓ |
| Endometrial – Palliative |
| PACL(W)Schedule | Updated dosing schedule for PACLitaxel to days 1, 8, 15, 22 (previously days 1, 8, 15, 21) to align with clinical practice. | ✓ | ✓ |
| Ovarian – Palliative |
| PACL(W)Schedule | Updated dosing schedule for PACLitaxel to days 1, 8, 15, 22 (previously days 1, 8, 15, 21) to align with clinical practice. | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Chronic Myelogenous Leukemia – Palliative |
| NILODose | Updated niLOtinib dose to the recommended doses and indications (Newly diagnosed Chronic Phase: 300 mg PO BID; Resistant or Intolerant Chronic Phase or Accelerated Phase: 400 mg PO BID) listed in drug monograph and to align with the official product monograph (previously 400 mg PO BID). | ✓ | ✓ |

**Updates from October 20, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Chronic Lymphocytic Leukemia – Palliative |
| IDEL+RITUFunding Status | Updated funding status to black to reflect public funding availability for idelalisib via the Exceptional Access Program (EAP), and riTUXimab via NDFP, effective October 19, 2016. | ✓ | ✓ |

**Updates from October 7, 2016**

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Endometrial – Adjuvant/Curative |
| MEDR New Regimen  | New evidence-informed regimen:* Medroxyprogesterone 400-600 mg PO daily
 | ✓ | ✓ |
| MEGENew Regimen | New evidence-informed regimen:* Megestrol acetate 160-320 mg PO daily
 | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Myeloid Leukemia – Adjuvant/Curative |
| CYTADAUNSchedule | Updated cytarabine to 3000 mg/m2 IV Q12 hours days 1, 3, 5 to align with landmark clinical trial (previously 3000 mg/m2 IV days 1, 3, 5). | ✓ | n/a |

**Updates from September 19, 2016**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| LETRPALB New Regimen  | New evidence-informed regimen:* Letrozole 2.5 mg PO daily (continuously) – not currently publicly funded for this regimen and intent;

Palbociclib 125 mg PO days 1-21 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |

Following is a breast request that did not receive recommendation to list as an evidence-informed regimen:

| Neoadjuvant |
| --- |
| DOCE+PERT+TRAS | DOCEtaxel 75-100 mg/m2 IV day 1 – not currently publicly funded for this regimen and intent;PERTuzumab 840 mg IV loading dose followed by 420 mg IV day 1 – not currently publicly funded for this regimen and intent;Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV – not currently publicly funded for this regimen and intent.Q21 days |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| ALL-R3(IND)Schedule | Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(CONS)Schedule | Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(INT)Schedule | Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole, prednisolone) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(FLAD)Schedule | Updated Regimen Abstract to remove supportive care medications (filgrastim, fluconazole, prednisolone) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(INTERIM MNT)Schedule | Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(MNT C1-7)Schedule | Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP | ✓ | n/a |
| ALL-R3(MNT C8)Schedule | Updated Regimen Abstract to remove supportive care medication (sulfamethoxazole/trimethoprim) as out of scope for ST-QBP | ✓ | n/a |
| Hodgkin’s – Palliative |
| NIVLSchedule | Updated frequency for nivolumab 3 mg/kg to q14 days (previously q21 days) to align with landmark clinical trial. | ✓ | ✓ |

**Updates from September 9, 2016**

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| ALDE(INTRALESIONAL)Funding Status | Updated funding status to black to reflect public funding availability via NDFP, effective September 9, 2016. | ✓ | ✓ |

**Updates from August 29, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Myeloma – Palliative |
| LENA Note | Updated note to “For use as maintenance treatment post-ASCT“ (previously: Maintenance post STC”) | ✓ | n/a |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| ALL-R3(FLAD)Funding Status | Updated funding status of Liposomal DAUNOrubicin to red to align with lack of public funding availability (only available via Health Canada’s SAP) (previously listed in black) | ✓ | n/a |
| MDS – Palliative |
| AZCTSchedule | Added alternative schedules (to align with public funding criteria):* Azacitidine 75 mg/m2 SC daily, days 1-5 and 8-9 (5-2-2 regimen)
* Azacitidine 75 mg/m2 SC daily, days 1-6
 | ✓ | n/a |

**PRIMARY UNKNOWN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| ECXNew Regimen | New evidence-informed regimen:* EPIrubicin 50 mg/m² IV day 1;

CISplatin 60 mg/m² IV day 1;Capecitabine 625 mg/m² PO BID days 1-21 – not currently publicly funded for this regimen and intent. Q21 days  | ✓ | ✓ |

**Updates from August 17, 2016**

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Bladder/Urothelial – Palliative |
| CISPGEMC(W) New Regimen | New evidence-informed regimen:* CISplatin 35 mg/m2 IV day 1, 8;

Gemcitabine 1000 mg/m2 IV day 1, 8.Q21 days | ✓ | ✓ |
| CRBPGEMCPACLNew Regimen | New evidence-informed regimen:* CARBOplatin AUC 5 IV day 1;

Gemcitabine 800 mg/m2 IV days 1, 8;PACLitaxel 200 mg/m2 IV day 1.Q21 days | ✓ | ✓ |
| Prostate – Palliative |
| ECARBOFNew Regimen | New evidence-informed regimen:* EPIrubicin 50 mg/m2 IV day 1;

CARBOplatin AUC 5 IV day 1;Fluorouracil 200 mg/m2/day CIV over 24 hours days 1-21.Q21 days*Note: For the treatment of hormone-refractory prostate cancer with liver metastases* | ✓ | ✓ |
| ZOLE Schedule | Added as an alternative schedule:* Zoledronic acid 4 mg IV day 1.

Q84 days | ✓ | ✓ |

**GYNECOLOGICAL**

Following are gynecological requests that did not receive recommendation to list as evidence-informed regimens:

| Ovarian – Palliative |
| --- |
| DOXO | DOXOrubicin 50-60 mg/m2 IV day 1.Q21 days*Note: For use in patients unable to tolerate pegylated liposomal DOXOrubicin* |
| DOXO(W) | DOXOrubicin 10-20 mg/m2 IV day 1, 8, 15.Q28 days*Note: For use in patients unable to tolerate pegylated liposomal DOXOrubicin* |

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Head & Neck – Palliative |
| CISPFU+CETUNote | Added a note “Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete ” | ✓ | n/a |
| CRBPFU+CETUNote | Added a note “Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete ” | ✓ | n/a |
| CETUNew Regimen | New evidence-informed regimen (for reporting):* Cetuximab 250 mg/m2 IV days 1, 8, 15 – not currently publicly funded for this regimen and intent;

Q21 days*Note: For use as maintenance in patients with stable disease after CISPFU+CETU or CRBPFU+CETU* | ✓ | n/a |

Following is a head & neck request that did not receive recommendation to list as an evidence-informed regimen:

| Head & Neck – Palliative |
| --- |
| CRBPPACL(W) | CARBOplatin AUC 5 IV day 1;PACLitaxel 80 mg/m2 IV days 1, 8, 15.Q28 days |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Myeloma – Palliative |
| BORTDEXADARANew Regimen | New evidence-informed regimen:* Cycles 1-3:

Bortezomib 1.3 mg/m2 SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent;Daratumumab 16 mg/kg IV days 1, 8, 15 – not currently publicly funded for this regimen and intent;Dexamethasone 20 mg PO days 1, 2, 4, 5, 8, 9, 11, 12.Q21 daysCycles 4-8:Bortezomib 1.3 mg/m2 SC days 1, 4, 8, 11;Daratumumab 16 mg/kg IV day 1;Dexamethasone 20 mg PO days 1, 2, 4, 5, 8, 9, 11, 12.Q21 daysCycle 9 and beyond:Daratumumab 16 mg/kg IV day 1;Q28 days | ✓ | ✓ |
| CARFDEXADose | Updated carfilzomib dose to 56 mg/m2 (previously 27 mg/m2) to align with literature (ENDEAVOR study). Discussed with Hematology Ontario Cancer Lead.*Note: The dose for days 1 and 2 of cycle 1 remain unchanged at 20 mg/m2.* | ✓ | ✓ |
| T-Cell Lymphoma – Adjuvant/Curative |
| SMILENew Regimen | New evidence-informed regimen:* *Note: for NK/T-Cell Lymphoma*

Methotrexate 2000 mg/m2 IV day 1;Leucovorin 15 mg IV/PO q6h days 2-4;Ifosfamide 1500 mg/m2 IV days 2-4;Mesna 300 mg/m2 IV at 0, 4 and 8 hours post-ifosfamide, days 2-4;Dexamethasone 40 mg IV/PO days 2-4;Etoposide 100 mg/m2 IV days 2-4;L-asparaginase 6000 U/m2 IM/IV days 8, 10, 12, 14, 16, 18, 20.Q28 days | ✓ | ✓ |
| Chronic Myelogenous Leukemia – Palliative |
| PNATFunding Status | Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016. | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| DASANew Regimen | New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP). Discussed with Hematology Ontario Cancer Lead):* daSATinib 140 mg PO daily
 | ✓ | ✓ |
| PNATNew Regimen | New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016. Discussed with Hematology Ontario Cancer Lead):* Ponatinib 45 mg PO daily
 | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Palliative |
| DASANew Regimen | New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP). Discussed with Hematology Ontario Cancer Lead):* daSATinib 140 mg PO daily
 | ✓ | ✓ |
| IMATNew Regimen | New evidence-informed regimen to also be listed under Palliative Intent (previously only Adjuvant/Curative). Discussed with Hematology Ontario Cancer Lead. | ✓ | ✓ |
| PNATNew Regimen | New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016. Discussed with Hematology Ontario Cancer Lead):* Ponatinib 45 mg PO daily
 | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative & Palliative |
| AALL1131(MNT)Dose | Updated mercaptopurine dose to: suggested starting dose of 75 mg/m2 (adjust dose based on thiopurine S-methyltransferase (TPMT) status) PO days 1-84 (previously listed as: see chart on page 267) | ✓ | ✓ |

Following is a hematology request that did not receive recommendation to list as an evidence-informed regimen:

| Low Grade Lymphoma – Palliative |
| --- |
| BORTDEXA+RITU(updated) | Cycle 1:Bortezomib 1.3 mg/m2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent.Q21 days**Cycles 2 and 5 only:**Bortezomib 1.6 mg/m2 IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg IV on days 1, 8, 15, 22;riTUXimab 375 mg/m2 IV on days 1, 8, 15, 22.Q35 daysCycles 3 and 4:Bortezomib 1.6 mg/m2 IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent;Q35 days |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell – Palliative |
| DABRTRAM New Regimen | New evidence-informed regimen:* DaBRAFenib 150 mg PO bid – not currently publicly funded for this regimen and intent;

Trametinib 2 mg PO daily – not currently publicly funded for this regimen and intent.*Note: For use in patients with BRAF V600E mutation positive advanced non-small cell lung cancer after failure of at least one line of platinum-based systemic therapy* | ✓ | ✓ |
| PEMBNew Regimen | New evidence-informed regimen:* Pembrolizumab 2 mg/kg IV – not currently publicly funded for this regimen and intent;

Q21 days*Note: For 2nd line use in patients with a PD-L1 score of 1% or greater* | ✓ | ✓ |
| Mesothelioma – Palliative |
| CRBPGEMCNew Regimen | New evidence-informed regimen:* CARBOplatin AUC 5 IV day 1;

Gemcitabine 1000 mg/m2 IV days 1, 8.Q21 days*Alternative Schedule:*CARBOplatin AUC 5 IV day 1;Gemcitabine 1000 mg/m2 IV days 1, 8, 15.Q28 days | ✓ | ✓ |

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Kaposi’s Sarcoma – Palliative |
| VNBLNew Regimen | New evidence-informed regimen:* vinBLAStine 6 mg/m2 IV day 1.

Q14 days | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| ALDE(INTRALESIONAL)New Regimen | New evidence-informed regimen:* Aldesleukin up to 22 million IU – not currently publicly funded for this regimen and intent.

Q7-14 days*Note: The amount injected depends on the number and size of in-transit metastases. Doses should not exceed 1 vial (22 million IU) per cycle.* | ✓ | ✓ |
| DABRTRAM Funding Status | Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP), effective August 10, 2016. | ✓ | ✓ |

**Updates from July 4, 2016**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal – Adjuvant/Curative |
| FULCVR(RT-GAST) Schedule | Added as an alternative schedule:* Cycle 1:

Fluorouracil 425 mg/m2 IV days 1-5;Leucovorin 20 mg/m2 IV days 1-5. Q28 daysCycle 2: Fluorouracil 200 mg/m2 CIV over 24 hours daily concurrent with radiotherapyCycles 3, 4:Fluorouracil 425 mg/m2 IV days 1-5;Leucovorin 20 mg/m2 IV days 1-5. Q28 days | ✓ | ✓ |
| Pancreatic – Adjuvant/Curative |
| CAPEGEMC New Regimen | New evidence-informed regimen:* Capecitabine 830 mg/m2 PO BID days 1-21 – not currently publicly funded for this regimen and intent;

Gemcitabine 1000 mg/m2 IV day 1, 8, 15.Q28 days | ✓ | ✓ |

Following is a gastrointestinal request that did not receive recommendation to list as an evidence-informed regimen:

| NET – Palliative |
| --- |
| DCRBEPIRFU | Dacarbazine 200 mg/m2 IV days 1-3;EPIrubicin 30 mg/m2 IV days 1-3;Fluorouracil 500 mg/m2 IV days 1-3.Q21 days |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Hodgkin’s – Adjuvant/Curative |
| BREN(CONS) New Regimen | New evidence-informed regimen:* Brentuximab 1.8 mg/kg IV – not currently publicly funded for this regimen and intent.

Q21 days*Note: for use in patients with risk factors for relapse or progression post-autologous stem cell transplantation* | ✓ | ✓ |
| MINIBEAM New Regimen | New evidence-informed regimen:* Carmustine 60 mg/m² IV day 1;Etoposide 75 mg/m² IV days 2-5;Cytarabine 100 mg/m² IV Q12 hours on days 2-5;

Melphalan 30 mg/m² IV day 6 (or may give 6 mg/m² IV daily for 5 days, or entire dose on day 5 for outpatient administration). Q28-42 days | ✓ | ✓ |
| AML – Adjuvant/Curative |
| FLAG+IDA New Regimen | New evidence-informed regimen:* Fludarabine 30 mg/m2 IV days 1-4;

Cytarabine 2000 mg/m2 IV days 1-4;Filgrastim 300 mcg SC days 1-4 – not currently publicly funded for this regimen and intent;IDArubicin 10 mg/m2 IV days 1-2.Q28 days | ✓ | ✓ |
| CMML & Myeloproliferative – Palliative |
| BSLF New Regimen | New evidence-informed regimen:* Busulfan 2 mg PO daily until desired response or intolerance then stop. Should not be taken continuously.*Alternative Schedule:*Busulfan 4-6 mg PO daily until desired response or intolerance then stop. Should not be taken continuously.
 | ✓ | ✓ |

Following is a hematology request that did not receive recommendation to list as an evidence-informed regimen:

| Low Grade Lymphoma – Palliative |
| --- |
| BORTDEXA+RITU | Induction:Bortezomib 1.3 mg/m2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg IV/PO on days 1, 4, 8, 11;riTUXimab 375 mg/m2 IV day 11.Q21 days x 4 cyclesMaintenance:Bortezomib 1.3 mg/m2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent;Dexamethasone 40 mg IV/PO on days 1, 4, 8, 11;riTUXimab 375 mg/m2 IV day 11.Q12 weeks x 4 cyclesNote: maintenance portion begins 12 weeks after completing the last cycle of induction |

**Updates from June 2, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| CMML & Myeloproliferative – Palliative |
| ANGR New Regimen | New evidence-informed regimen: (previously approved but not added to ST-QBP webpage)* Anagrelide 0.5 to 1 mg PO BID (or 0.5 mg PO QID), titrated to lowest effective dosage
 | ✓ | ✓ |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| PEMB Funding Status and Note | Updated funding status to black to reflect public funding availability, effective June 2, 2016. Added a note “Please refer to the NDFP funding criteria for more details.” | ✓ | ✓ |
| IPIL Note | Added a note “Please refer to the NDFP funding criteria for more details.” | ✓ | ✓ |

**Updates from May 25, 2016**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Colorectal – Adjuvant/Curative |
| XELOX Funding Status  | Updated funding status to black to reflect public funding availability, effective May 31, 2016 (oxaliplatin via PDRP; capecitabine via ODB LU code 474) | ✓ | ✓ |

**HEAD AND NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| CISP+CETU Dose  | Updated CISplatin dose to 75-100 mg/m2 (previously 100 mg/m2) to align with literature and clinical practice. Discussed with DST lead/designate. | ✓ | ✓ |
| CISP Schedule | Updated frequency for CISplatin 40 mg/m2 alternative dose schedule to q28 days (previously q21 days) to align with clinical practice. Discussed with DST lead/designate. | ✓ | ✓ |

**Updates from May 10, 2016**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| ETOP(PO) Dose and Schedule  | Added an alternative dose and schedule:* Etoposide 50-100 mg PO days 1-21.

Q28 days | ✓ | ✓ |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Anal Canal – Palliative |
| CRBPPACL New Regimen  | New evidence-informed regimen:* CARBOplatin AUC 5-6 IV day 1;

PACLitaxel 175 mg/m2 IV day 1.Q21 days | ✓ | ✓ |
| CRBPPACL(W) New Regimen  | New evidence-informed regimen:* CARBOplatin AUC 5 IV day 1;

PACLitaxel 80 mg/m2 IV days 1, 8, 15.Q28 days | ✓ | ✓ |
| Colorectal – Palliative |
| MFOLFOX6+PNTM New Regimen | New evidence-informed regimen:* Oxaliplatin 85 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent;

Leucovorin 400 mg/m2 IV day 1; Fluorouracil 400 mg/m2 IV day 1;PANitumumab 6 mg/kg IV day 1 – Not currently publicly funded for this regimen and intent;THENFluorouracil 2400 mg/m2 CIV over 46 hours day 1.Q14 days | ✓ | ✓ |
| Gastroesophageal – Palliative |
| CAPECRBP+TRAS New Regimen | New evidence-informed regimen:* Capecitabine 1000 mg/m2 PO BID days 1-14 – not currently publicly funded for this regimen and intent;

CARBOplatin AUC 5 IV day 1;Trastuzumab 8 mg/kg IV (loading cycle 1, day 1) then 6 mg/kg IV day 1.Q21 days | ✓ | ✓ |
| XELOX New Regimen | New evidence-informed regimen:* Capecitabine 1000 mg/m2 PO BID days 1-14 – Not currently publicly funded for this regimen and intent;

Oxaliplatin 130 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |
| MFOLFOX6 New Regimen | New evidence-informed regimen:* Oxaliplatin 85 mg/m² IV day 1 – Not currently publicly funded for this regimen and intent;

Leucovorin 400 mg/m² IV day 1;Fluorouracil 400 mg/m² IV day 1;THEN Fluorouracil 2400 mg/m² CIV over 46 hours day 1.Q14 days | ✓ | ✓ |
| RAMU New Regimen | New evidence-informed regimen:* Ramucirumab 8 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.

Q14 days | ✓ | ✓ |
| Hepatobiliary – Adjuvant/Curative |
| FU(CIV-RT) New Regimen | New evidence-informed regimen:* Fluorouracil 225 mg/m2 CIV over 24 hours daily

Concurrent with radiotherapy  | ✓ | ✓ |
| NET – Palliative |
| LANREOTIDE New Regimen | New evidence-informed regimen:* Lanreotide 120 mg SC day 1.

Q28 days | ✓ | ✓ |
| Pancreatic – Palliative |
| FU(IV-CIV)LCVR New Regimen | New evidence-informed regimen:* Leucovorin 400 mg/m2 IV day 1;

Fluorouracil 400 mg/m2 IV day 1;THEN Fluorouracil 2400 mg/m2 CIV over 46 hours day 1.Q14 days | ✓ | ✓ |

Following are gastrointestinal requests that did not receive recommendation to list as evidence-informed regimens:

| Colorectal – Palliative |
| --- |
| CAPE | 7-day CAPE schedule: Capecitabine 1000-1250 mg/m2 PO BID x 7 days.Q14 days |
| CISPIRIN | CISplatin 6 mg/m2 IV days 1, 8, 15;Irinotecan 27 mg/m2 days 1, 8, 15.Q28 days *Alternative Schedule:*CISplatin 30 mg/m2 IV Day 1;Irinotecan 80m g/m2 IV Day 1.Q14 days |
| Gastroesophageal – Adjuvant/Curative |
| CISPDOCEFU | DOCEtaxel 75-85 mg/m2 IV day 1;CISplatin 75 mg/m2 IV day 1;Fluorouracil 300 mg/m2/day CIV days 1-14.Q21 days |
| Hepatobiliary – Palliative |
| GEMOX | Gemcitabine 1000 mg/m2 IV days 1, 8, 15; Oxaliplatin 85-100 mg/m2 IV days 1, 15 – Not currently publicly funded for this regimen and intent.Q28 days |
| Pancreatic – Palliative |
| GTX | Capecitabine 750 mg/m2 PO BID days 1-14 – not currently publicly funded for this regimen and intent;Gemcitabine 750 mg/m2 IV days 4, 11;DOCEtaxel 30 mg/m2 IV days 4, 11.Q21 days |

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Prostate – Palliative |
| ECF Note | Added a note to specify “For the treatment of hormone-refractory prostate cancer with liver metastases” | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| High Grade Lymphoma – Palliative |
| BREN Regimen Removed | Removed regimen as Anaplastic Large Cell Lymphoma is classified as an intermediate grade lymphoma. Remains listed as evidence-informed under intermediate grade – palliative | ✓ | n/a |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| IMAT New Regimen | New evidence-informed regimen:* iMAtinib 600 mg\* PO daily

*Note: \*Dose may be increased to 400 mg PO BID if tolerated and appropriate* | ✓ | ✓ |
| Acute Myeloid Leukemia – Adjuvant/Curative |
| SORA New Regimen | New evidence-informed regimen:* SORAfenib 200-400 mg PO BID – not currently publicly funded for this regimen and intent

*Note: For FLT3-ITD positive patients only* | ✓ | ✓ |
| Hodgkin’s – Palliative |
| GEMC Dose | Revised gemcitabine dose to 1000 mg/m2 IV (previously 1000-1250 mg/m2)  | ✓ | ✓ |
| GEMC(HD) New Regimen | New evidence-informed regimen:* Gemcitabine 1250 mg/m2 IV days 1, 8, 15.

Q28 days | ✓ | ✓ |
| ICE New Regimen | New evidence-informed regimen:* *Adapted for outpatient administration*

Mesna 1667 mg/m² IV days 1-3;Ifosfamide 1667 mg/m² IV days 1-3;THEN Mesna 2000 mg PO days 1-3 (2 and 4 hours post-Ifosfamide);CARBOplatin AUC 5 IV day 1;Etoposide 100 mg/m² IV days 1-3. Q21-28 days | ✓ | ✓ |
| NIVL New Regimen | New evidence-informed regimen:* Nivolumab 3 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.

Q21 days | ✓ | ✓ |
| Intermediate Grade Lymphoma – Adjuvant/Curative |
| CYTA(IT) New Regimen  | New evidence-informed regimen:* *Schedule and frequency is variable, one option is:*

Cytarabine 50-70 mg IT x 4 doses.*Note: As an alternative to IT or systemic methotrexate* | ✓ | ✓ |
| Low-Grade Lymphoma – Palliative |
| BEND New Regimen | New evidence-informed regimen:* Bendamustine 120 mg/m2 IV days 1-2 – not currently publicly funded for this regimen and intent.

Q21 days | ✓ | ✓ |
| CVP(PO)+R New Regimen | New evidence-informed regimen:* Cyclophosphamide 400 mg/m² PO days 1-5;

vinCRIStine 1.4 mg/m² (max 2 mg) IV day 1; prednisone 100 mg PO days 1-5;riTUXimab 375 mg/m2 IV day 1. Q21 days | ✓ | ✓ |
| CYCLDEXA+RITU New Regimen | New evidence-informed regimen:* Cyclophosphamide 100 mg/m² PO BID days 1-5;

Dexamethasone 20 mg IV day 1; riTUXimab 375 mg/m2 IV day 1. Q21 days | ✓ | ✓ |
| Myeloma - Palliative |
| BORT(MNT) New Regimen | New evidence-informed regimen:* Bortezomib 1.3 mg/m2 SC day 1 – not currently publicly funded for this regimen and intent.

Q14 days*Note: Starts 3-4 months post-ASCT for up to 2 years* | ✓ | ✓ |
| DARA New Regimen | New evidence-informed regimen:* Cycles 1-2:

Daratumumab 16 mg/kg IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent.Q28 daysCycles 3-6:Daratumumab 16 mg/kg IV days 1, 15.Q28 daysCycle 7 and beyond:Daratumumab 16 mg/kg IV day 1.Q28 days | ✓ | ✓ |
| MELPDEXA New Regimen | New evidence-informed regimen:* Melphalan 10 mg/m2 PO days 1-4;

Dexamethasone 40 mg PO days 1-4.Q28 days*Note: For use in light-chain amyloidosis* | ✓ | ✓ |
| Rare Diseases (\*\*new sub-disease category\*\*) – Palliative |
| SILT New Regimen | New evidence-informed regimen: for Multicentric Castleman’s Disease* Siltuximab 11 mg/kg IV day 1 – not currently publicly funded for this regimen and intent.

Q21 days | ✓ | ✓ |
| Rare Diseases (\*\*new sub-disease category\*\*) – Adjuvant/Curative |
| CYTA New Regimen | New evidence-informed regimen: for Langerhans Cell Histiocytosis* Cytarabine 100 mg/m2 IV days 1-5.

Q28 days | ✓ | ✓ |
| PREDVNBL(IND) New Regimen | New evidence-informed regimen: for Langerhans Cell Histiocytosis* **Induction:**

Prednisone 40 mg/m2/d (in 3 divided doses) PO days 1-28 (taper over days 29-42);vinBLAStine 6 mg/m2 IV days 1, 8, 15, 22, 29, 36.Q42 days (Course 1)If non-active disease (NAD) after induction, proceed directly to maintenance. If active disease (AD) better or intermediate, continue with Course 2 below. Prednisone 40 mg/m2/d (in 3 divided doses) PO days 43-45, 50-52, 57-59, 64-66, 71-73, 78-80;vinBLAStine 6 mg/m2 IV days 43, 50, 57, 64, 71, 78.Q42 days (Course 2) | ✓ | ✓ |
| MERCPREDVNBL(MNT) New Regimen | New evidence-informed regimen: for Langerhans Cell Histiocytosis* **Maintenance:**

Start after course 1 if NAD, or after course 2 if AD better or intermediate.Mercaptopurine 50 mg/m2/d PO x 12 months of total therapy;Prednisone 40 mg/m2/d (in 3 divided doses) PO days 1-5 Q21 days x 12 months of total therapy;vinBLAStine 6 mg/m2 IV day 1 Q21 days x 12 months of total therapy. | ✓ | ✓ |

**PRIMARY UNKNOWN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| CRBPPACL(W)Frequency | Updated frequency to q28 days to align with literature (previously: q21 days) and as discussed with DST Lead | ✓ | ✓ |

**SUPPORTIVE CARE**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| PMDR(HYPER CA)Frequency | Updated frequency to “Single dose” to align with literature and clinical practice (previously: q28 days). Discussed with DST Lead. | ✓ | ✓ |
| ZOLE(HYPER CA) Frequency | Updated frequency to “Single dose” to align with literature and clinical practice (previously: q28 days). Discussed with DST Lead. | ✓ | ✓ |

**Updates from April 27, 2016**

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Renal Cell – Palliative |
| NIVL Funding Status | Updated funding status to blue to reflect access via universal compassionate program | ✓ | n/a |

**Updates from April 15, 2016**

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Testis – Adjuvant/Curative/Neoadjuvant |
| TIP Dose and Note | Updated Mesna pre- and post-ifosfamide dosing for consistency with published studies (previously: 1500 mg IV pre- and 500 mg PO fixed dose post-ifosfamide).Added note to state that “*Multiple TIP regimens exist with various dosing schedules. One example is:”* | Pending | ✓ |

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Cervical – Neoadjuvant |
| CRBPPACL(RT) New Regimen  | New evidence-informed regimen:* CARBOplatin AUC 5 IV day 1;

PACLitaxel 175 mg/m2 IV day 1.Q21 days*Concurrent with low-dose radiation* | ✓ | ✓ |
| Germ Cell – Adjuvant/Curative/Neoadjuvant |
| TIP New Regimen | New evidence-informed regimen:* *Multiple TIP regimens exist with various dosing schedules. One example is:*

PACLitaxel 250 mg/m² IV day 1;mesna 500 mg/m2 IV (pre-ifosfamide) days 2-5;ifosfamide 1500 mg/m² IV days 2-5;CISplatin 25 mg/m² IV days 2-5;mesna 500 mg/m2 IV (or 1000 mg/m2 PO) at 4 and 8 hours post-ifosfamide, days 2-5. Q21 days | ✓ | ✓ |
| BEP(5D)PACL New Regimen | New evidence-informed regimen:* Bleomycin 30 units fixed dose IV days 1, 8, 15;

Etoposide 100 mg/m2 IV days 1-5;CISplatin 20 mg/m2 IV days 1-5;PACLitaxel 175 mg/m2 IV day 1.Q21 days | ✓ | ✓ |
| Ovarian – Palliative |
| CRBPPACL+BEVA Note  | Added a note to specify that bevacizumab starts in cycle 2 to align with NDFP funding criteria | ✓ | ✓ |
| OLAP New Regimen | New evidence-informed regimen:* Olaparib 400 mg PO BID – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| PACL(W)+BEVA New Regimen | New evidence-informed regimen:* PACLitaxel 80 mg/m2 IV on Days 1, 8, 15, 22;

Bevacizumab 10 mg/kg IV on Days 1, 15 – not currently publicly funded for this regimen and intent.Q28 days | ✓ | ✓ |
| Vulvar – Palliative |
| PACL New Regimen | New evidence-informed regimen:* PACLitaxel 175 mg/m2 IV day 1

Q21 days  | ✓ | ✓ |

Following are gynecological requests that did not receive recommendation to list as evidence-informed regimens:

| Endometrial – Adjuvant/Curative/Neoadjuvant and Palliative |
| --- |
| CRBPDOCE | CARBOplatin AUC 6 IV day 1;DOCEtaxel 75 mg/m2 IV day 1.Q21 days x 6 cycles |
| Endometrial – Palliative |
| GEMC | Gemcitabine 800 mg/m2 IV days 1, 8.Q21 days |
| Gynecological Sarcoma – Palliative |
| IRINTMZL | Irinotecan 20 to 50 mg/m2 IV daily, days 1 to 5;Temozolomide 100 mg/m2 PO daily, days 1 to 5 – not currently publicly funded for this regimen and intent.Q21 days |
| Vulvar – Palliative |
| CISPPACL | CISplatin 50 mg/m2 IV day 1;PACLitaxel 135 mg/m2 IV day 1.Q21 days  |
| CRBPPACL | CARBOplatin AUC 4-6 IV day 1;PACLitaxel 175 mg/m2 IV day 1.Q21 days  |

**HEAD & NECK**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Thyroid – Palliative |
| LENV New Regimen  | New evidence-informed regimen:* Lenvatinib 24 mg PO daily – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| SORA New Regimen  | New evidence-informed regimen:* SORAfenib 400 mg PO BID – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| Palliative |
| CAP New Regimen | New evidence-informed regimen:* Cyclophosphamide 500 mg/m2 IV day 1;

DOXOrubicin 50 mg/m2 IV day 1;CISplatin 50 mg/m2 IV day 1.Q21-28 days | ✓ | ✓ |
| Adjuvant/Curative & Palliative |
| CRBPFU(RT) Schedule | Added as an alternative schedule:* CARBOplatin 70 mg/m2 IV days 1-5, 29-33;

Fluorouracil 600 mg/m2/day CIV days 1-5, 29-33.Concurrent with radiotherapy | ✓ | ✓ |

Following are head & neck requests that did not receive recommendation to list as evidence-informed regimens:

| Thyroid – Palliative |
| --- |
| GEMOX | Gemcitabine 1000 mg/m2 IV Day 1; Oxaliplatin 100 mg/m2 IV Day 1 – not currently publicly funded for this regimen and intent.Q14 days |
| Palliative |
| GEMC(RT) | Gemcitabine 50 to 300 mg/m2 IV day 1.Q7 daysConcurrent with radiotherapy |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| RITU(IT) New Regimen  | New evidence-informed regimen:* riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| High Grade Lymphoma – Adjuvant/Curative |
| RITU(IT) New Regimen  | New evidence-informed regimen:* riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| Intermediate Grade Lymphoma – Adjuvant/Curative |
| RITU(IT) New Regimen  | New evidence-informed regimen:* riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent
 | ✓ | ✓ |
| Hodgkin’s – Adjuvant/Curative & Palliative |
| GEMCPGLDXVINO New Regimen | New evidence-informed regimen:* Gemcitabine 1000 mg/m2 IV days 1, 8;

Pegylated Liposomal DOXOrubicin 15 mg/m2 IV days 1, 8 – not currently publicly funded for this regimen and intent;Vinorelbine 20 mg/m2 IV days 1, 8.Q21 days*Alternative Schedule (for post-transplant patients):*Gemcitabine 800 mg/m2 IV days 1, 8;Pegylated Liposomal DOXOrubicin 10 mg/m2 IV days 1, 8 – not currently publicly funded for this regimen and intent;Vinorelbine 15 mg/m2 IV days 1, 8.Q21 days | ✓ | ✓ |
| Low-Grade Lymphoma – Palliative |
| HYPERCVAD+RITU New Regimen | New evidence-informed regimen:*Adapted for outpatient administration*Course A:Cyclophosphamide 600 mg/m2 IV days 1-3 (max dose 1320 mg);DOXOrubicin 50 mg/m2 IV day 4\*;vinCRIStine 1.4 mg/m2 (max dose 2 mg) IV days 4\* and 11;Dexamethasone 40 mg PO days 1, 2, 3, 4, 11, 12, 13, 14;riTUXimab 375 mg/m² IV day 1.Q21-28 days\*some centres may administer on day 3Course B:Inpatient | ✓ | ✓ |

**Updates from April 11, 2016**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Palliative |
| CRBP New Regimen  | New evidence-informed regimen:* CARBOplatin AUC 6 IV day 1.

Q21 days*Note: For use in triple negative or BRCA1/2 mutation-associated breast cancers* | ✓ | ✓ |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Mesothelioma – Palliative |
| CISPPEME+BEVA New Regimen | New evidence-informed regimen:* CISplatin 75 mg/m2 IV Day 1;

Pemetrexed 500 mg/m2 IV Day 1;Bevacizumab 15 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent.Q21 days | ✓ | ✓ |
| GEMC New Regimen | New evidence-informed regimen:* Gemcitabine 1250 mg/m2 IV day 1, 8, 15.

Q28 days*Note: Approved as an alternative to pemetrexed-based therapy. GEMC should not be used in the second-line setting.* | ✓ | ✓ |

Following are lung requests that did not receive recommendation to list as evidence-informed regimens:

| Rare: Peritoneal Mesothelioma – Palliative |
| --- |
| CRBPGEMC | CARBOplatin AUC 5 IV day 1;Gemcitabine 1000 mg/m2 IV days 1, 8, 15.Q28 daysAlternative Schedule:CARBOplatin AUC 5 IV day 1;Gemcitabine 1000 mg/m2 IV days 1, 8.Q21 days |
| CRBPIRIN | CARBOplatin AUC 5 IV day 1;Irinotecan 50 mg/m2 IV day 1, 8, 15;Q28 days |

**SKIN**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma – Palliative |
| DABRTRAM New Regimen | New evidence-informed regimen:* DaBRAFenib 150 mg PO BID – not currently publicly funded for this regimen and intent

Trametinib 2 mg PO daily – not currently publicly funded for this regimen and intent | ✓ | ✓ |

Following is a skin request that did not receive recommendation to list as an evidence-informed regimen:

| Merkel Cell – Palliative |
| --- |
| CAV | cyclophosphamide 1000 mg/m2 IV day 1;DOXOrubicin 50 mg/m2 IV day 1;vinCRIStine 1.4 mg/m2 (max 2 mg) IV day 1.Q21 days |

**Updates from April 7, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| High Grade and Burkitt’s Lymphoma – Adjuvant/Curative |
| MINIBEAM Route | Removed SC route from cytarabine portion of regimen (previously SC or IV) | ✓ | ✓ |
| HYPERCVAD Schedule and Note | Updated DOXOrubicin and vinCRIStine to be given on day 4\* (previously day 3) and added a note that “\*some centres may administer on day 3” | ✓ | ✓ |
| HYPERCVAD+RITU Schedule and Note | Updated DOXOrubicin and vinCRIStine to be given on day 4\* (previously day 3) and added a note that “\*some centres may administer on day 3” | ✓ | ✓ |
| Intermediate Grade Lymphoma – Adjuvant/Curative |
| MINIBEAM Route | Removed SC route from cytarabine portion of regimen (previously SC or IV) | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Adjuvant/Curative |
| HYPERCVAD Note | Added a note for DOXOrubicin day 4 and vinCRIStine day 4 that “\*some centres may administer on day 3” | ✓ | ✓ |
| HYPERCVAD+RITU Note | Added a note for DOXOrubicin day 4 and vinCRIStine day 4 that “\*some centres may administer on day 3” | ✓ | ✓ |
| Acute Lymphoblastic Leukemia – Palliative |
| CYTA(IT) Dose | Updated to cytarabine 50-70 mg IT every 4 days until CSF clear to align with fixed dose best practice in adult malignant hematology population (previously 30 mg/m2 IT every 4 days until CSF clear) | ✓ | ✓ |
| Acute Myeloid Leukemia – Palliative |
| CYTA(IT) Dose | Updated to cytarabine 50-70 mg IT every 4 days until CSF clear to align with fixed dose best practice in adult malignant hematology population (previously 30 mg/m2 IT every 4 days until CSF clear) | ✓ | ✓ |

**Updates from April 4, 2016**

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Ewing’s – Adjuvant/Curative & Palliative |
| VACTC New Regimen | New evidence-informed regimen* vinCRIStine 1.5 mg/m2 (max 2 mg) IV day 1;

DACTINomycin 1.25 mg/m2 (max 2.5 mg) IV day 1;Cyclophosphamide 1200 mg/m2 IV day 1.(Mesna: consider use – refer to local protocol)Q21 days*Note: This regimen may be used as an alternative to VAC when a lifetime maximal anthracycline dose has been reached, or anthracycline use is contraindicated* | ✓ | ✓ |
| VAC Note | Added note “Mesna: consider use – refer to local protocol” to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m2  | ✓ | ✓ |
| Soft Tissue - Palliative |
| VACTC Schedule | Added as an alternative schedule* vinCRIStine 1.5 mg/m2 (max 2 mg) IV day 1;

DACTINomycin 1.25 mg/m2 (max 2.5 mg) IV day 1;Cyclophosphamide 1200 mg/m2 IV day 1.(Mesna: consider use – refer to local protocol)Q21 days | ✓ | ✓ |
| Soft Tissue – Adjuvant/Curative & Palliative |
| VACTC Note | Updated Mesna recommendation for standard dosing to state “consider use – refer to local protocol” (previously: Refer to mesna table below) | ✓ | ✓ |
| VAC Note | Added note “Mesna: consider use – refer to local protocol” to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m2  | ✓ | ✓ |
| Gynecological Sarcoma – Palliative |
| VAC Note | Added note “Mesna: consider use – refer to local protocol” to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m2  | ✓ | ✓ |

Following are the sarcoma requests that did not receive recommendation to list as evidence-informed regimens:

| Soft Tissue – Palliative |
| --- |
| DCRB | Dacarbazine 1200 mg/m2 IV day 1.Q21-28 days |
| Soft Tissue – Adjuvant/Curative |
| VACTC | *Added as an alternative schedule*vinCRIStine 1.5 mg/m2 (max 2 mg) IV day 1;DACTINomycin 1.25 mg/m2 (max 2.5 mg) IV day 1;Cyclophosphamide 1200 mg/m2 IV day 1.(Mesna: consider use – refer to local protocol)Q21days |

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Bladder/Urothelial - Palliative |
| ETOP(PO) New Regimen | New evidence-informed regimen* Etoposide 50 mg PO BID days 1-14.

Q21 days*For small cell variant* | ✓ | ✓ |
| DOCE New Regimen | New evidence-informed regimen* DOCEtaxel 75 mg/m2 IV day 1.

Q21 days | ✓ | ✓ |
| Testis – Adjuvant/Curative |
| CRBP New Regimen | New evidence-informed regimen* CARBOplatin AUC 7 IV day 1.

Q21 days x 1-2 doses | ✓ | ✓ |
| BEP(5D)PACL New Regimen | New evidence-informed regimen* Bleomycin 30 units fixed dose IV days 1, 8, 15;

Etoposide 100 mg/m2 IV days 1-5;CISplatin 20 mg/m2 IV days 1-5;PACLitaxel 175 mg/m2 IV day 1.Q21 days x 4 cycles | ✓ | ✓ |

|  |
| --- |
| Testis – Palliative |
| GEMCPACL New Regimen | New evidence-informed regimen* PACLitaxel 100 mg/m2 IV day 1, 8, 15;

Gemcitabine 1000 mg/m2 IV days 1, 8, 15.Q28 days | ✓ | ✓ |
| Renal Cell – Palliative |
| FU(CIV)GEMC New Regimen | New evidence-informed regimen* Gemcitabine 600 mg/m2 IV days 1, 8, 15;

Fluorouracil 150 mg/m2/day CIV days 1 to 21.Q28 days | ✓ | ✓ |
| NIVL New Regimen | New evidence-informed regimen* Nivolumab 3 mg/kg IV day 1 - not currently publicly funded for this regimen and intent.

Q14 days | ✓ | ✓ |
| SUNI Schedule  | Added as an alternative schedule:* SUNItinib 50 mg PO days 1-14

Q21 days | ✓ | ✓ |
| ZOLE New Regimen | New evidence-informed regimen* Zoledronic acid 4 mg IV day 1

Q21 days | ✓ | ✓ |
| Prostate – Palliative |
| CYCL(PO) New Regimen | New evidence-informed regimen* Cyclophosphamide 100 mg/m2/day PO days 1-14;

Q28 days | ✓ | ✓ |
| ECF New Regimen | New evidence-informed regimen* EPIrubicin 50 mg/m2 IV day 1;

CISplatin 60 mg/m2 IV day 1;Fluorouracil 200 mg/m2/day CIV.Q21 days | ✓ | ✓ |

Following are genitourinary requests that did not receive recommendation to list as evidence-informed regimens:

| Bladder/Urothelial – Adjuvant/Curative |
| --- |
| DOXOGEMCPACL | Gemcitabine 900 mg/m2 IV day 1;PACLitaxel 135 mg/m2 IV day 1;DOXOrubicin 40 mg/m2 IV day 1.Q14 days (up to 9 cycles) |
| Testis – Adjuvant/Curative |
| GEMCPACL | PACLitaxel 100 mg/m2 IV day 1, 8, 15; Gemcitabine 1000 mg/m2 IV days 1, 8, 15.Q28 days x 6 cycles |

**GYNECOLOGICAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Germ Cell – Palliative |
| GEMCPACL New Regimen | New evidence-informed regimen* PACLitaxel 100 mg/m2 IV day 1, 8, 15;

Gemcitabine 1000 mg/m2 IV days 1, 8, 15.Q28 days | ✓ | ✓ |
| Gynecological Sarcoma – Palliative |
| VAC Note | Added note “Mesna: consider use – refer to local protocol” to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m2  | ✓ | ✓ |

**Updates from April 1, 2016**

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell Lung Cancer - Palliative |
| NIVL Funding Status | * Updated funding status to blue to reflect access via universal compassionate program
 | ✓ | n/a |

**Updates from March 31, 2016**

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Gastroesophageal - Palliative |
| ECARBOX Funding Status | * Updated capecitabine to black text to reflect public funding
 | ✓ | n/a |
| ECX Funding Status | * Updated capecitabine to black text to reflect public funding
 | ✓ | n/a |
| EOX Funding Status | * Updated capecitabine to black text to reflect public funding
 | ✓ | n/a |

**Updates from March 30, 2016**

**GYNECOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Ovarian - Palliative |
| BEVA Funding Status | * Updated funding status to black (for indication after combination with carboplatin/paclitaxel only) to reflect public funding
 | ✓ |  ✓ |
| CRBPPACL+BEVA Funding Status  | * Updated funding status to black to reflect public funding
 | ✓ | ✓ |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Chronic Myelogenous Leukemia - Palliative |
| BOSU Funding Status | * Updated funding status to black to reflect public funding
 | ✓ | ✓ |

**Updates from March 24, 2016**

**CENTRAL NERVOUS SYSTEM**

Following is a CNS request that did not receive recommendation to list as an evidence-informed regimen:

| Palliative |
| --- |
| TMXF | Tamoxifen 20 mg PO BID; increasing by 20 mg PO BID weekly to a target dose of 80 mg PO BID in females and 100 mg PO BID in males |

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
|  | **High Grade & Burkitt’s Lymphoma - Adjuvant/Curative** |  |  |
| HYPERCVAD+RITU Code | Updated code to HYPERCVAD+RITU, previously HYPERCVAD+R | ✓ | n/a |

**PRIMARY UNKNOWN**

Following is a primary unknown request that did not receive recommendation to list as an evidence-informed regimen:

| Palliative |
| --- |
| CRBPIRIN | CARBOplatin AUC 5 IV day 1;Irinotecan 60 mg/m2 IV day 1, 8, 15.Q28days |

**Updates from March 15, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
|  | **Chronic Lymphocytic Leukemia - Palliative** |  |  |
| IDEL+RITUNotes | Added note to (\*\*Report as Regimen Code: IDEL after RITU portion is complete\*\*) | ✓ | n/a |

**Updates from March 3, 2016**

**HEMATOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Chronic Lymphocytic Leukemia - Palliative |
| ALEM+RITU Route | * Added IV route to rituximab 375 mg/m2 IV weekly for 4 weeks. (previously left out in error)
 | ✓ | n/a |
| Myeloma - Palliative |
| CARF Schedule  | * Removed schedules for cycles 13 and beyond (for consistency with published study)
 | ✓ | ✓ |
| CARFDEXALENA Schedule | * Added schedule for cycles 13-18, and 19 and beyond

Cycles 13-18:Carfilzomib 27mg/m2 IV days 1, 2, 15, 16 – Not currently publicly funded for this regimen and intentDexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21Q28daysCycle 19 and beyond: (\*\*Report as Regimen Code: DEXALENA\*\*)Dexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21Q28days | ✓ | ✓ |
| DEXALENA Route | * Added IV route to dexamethasone (previously in PO route only)
 | ✓ | n/a |

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Kaposi’s Sarcoma - Palliative |
| PACL Dose  | * Corrected dose to 100 mg/m2 IV day 1 (previously 1,000 mg/m2 in error)
 | ✓ | n/a |

**Updates from February 12, 2016**

**BREAST**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Adjuvant/Curative |
| AC-PACL(W) Schedule  | Added an alternative schedule:* AC x 4 cycles, DOXOrubicin 60 mg/m2 day 1, cyclophosphamide 600 mg/m2 day 1, Q14 days, then PACLitaxel 80 mg/m2 Q7 days
 |  | ✓ |
| DAC New Regimen | New evidence-informed regimen* DOXOrubicin 50 mg/m2 IV day 1

Cyclophosphamide 500 mg/m2 IV day 1DOCEtaxel 75 mg/m2 IV day 1Q21 days | ✓ | ✓ |
| PACL(W)+TRAS Notes | Removed EBP criteria description in red:Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV - Only evidence-informed if used for patients with HER2 Positive node negative tumors less than or equal to 1cm (Evidence Building Program) | ✓ | n/a |
| ZOLE New Regimen | New evidence-informed regimen (supportive treatment)* Zoledronic acid 4 mg IV every 6 months for up to 3-5 years
* Adjuvant zoledronic acid should be used in post-menopausal women only. This may include women who are prescribed GnRH analogs for ovarian suppression. In this case, zoledronic acid should be given for the same duration as the GnRH analog. Ideally, treatment should be initiated within 12 weeks of completion of adjuvant chemo or radiation. However, consideration should be given to the late initiation of adjuvant zoledronic acid therapy to women who may have been eligible after December 2013, when the results of the systematic review were first presented.
 | ✓ | ✓ |
| Adjuvant/Curative & Palliative |
| CISPETOP(3D) New Regimen | New evidence-informed regimen for small cell carcinoma* CISplatin 25 mg/m2 IV days 1-3;

Etoposide 100 mg/m2 IV days 1-3.Q21 days *For Small Cell Carcinoma* | ✓ | ✓ |
| CISPETOP(5D) New Regimen | New evidence-informed regimen for small cell carcinoma* CISplatin 20 mg/m² IV days 1-5;

Etoposide 100 mg/m² IV days 1-5.Q21 days*For Small Cell Carcinoma* | ✓ | ✓ |
| CRBPETOP(5D) New Regimen | New evidence-informed regimen for small cell carcinoma* CARBOplatin AUC 5 IV days 1;

Etoposide 100 mg/m² IV days 1-5.Q21 days*For Small Cell Carcinoma* | ✓ | ✓ |
| TRAS Loading Dose | Added loading dose to regimen details:* Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV (Previously trastuzumab 6 mg/kg IV)
 | ✓ | n/a |
| Palliative |
| CAPE Alternative Schedule | Added an alternative schedule:* Capecitabine 1000-1250 mg/m2  PO BID days 1 – 7

Q14 days | ✓ | ✓ |
| CAPEDOCE Frequency | Updated frequency for capecitabine to PO BID (previously Q12 hours) | ✓ |  |
| CAPELAPA Dose | Revised capecitabine dose to 1000 mg/m2 BID days 1-14 (previously 1000-1250 mg/m2)  | ✓ |  |
| CAV New Regimen | New evidence-informed regimen for small cell carcinoma* Cyclophosphamide 1000 mg/m² IV day 1;

DOXOrubicin 50 mg/m² IV day 1; vinCRIStine 1.4 mg/m² IV day 1. Q21 days*For Small Cell Carcinoma* | ✓ | ✓ |
| CISPGEMC(W) Dose | Updated gemcitabine dose to 750 mg/m2 (previously 750-1000 mg/m2). | ✓ |  |
| DENO Funding status | Revised regimen text to red with note that there is no public funding for this regimen and intent | ✓ |  |
| DOCE+PERT+TRAS Notes | Added note that in cycle 1 only, trastuzumab and DOCEtaxel may be given on day 2. | ✓ |  |
| DOXO Dose | Added dosing range for DOXOrubicin 50 to 75 mg/m2  |  | ✓ |
| EVEREXEM Dose | Updated everolimus dose to 10 mg daily (5 mg may be considered for certain patients) (previously 5-10 mg daily) | ✓ |  |
| FEC50 Dose | Updated epirubicin dose to 50 mg/m2 and cyclophosphamide dose to 500 mg/m2 (previously epirubicin 50-60 mg/m2 and cyclophosphamide 500-600 mg/m2)  |  | ✓ |
| LPRL Typo correction | Updated to Q3 months (previously Q3 months) |  |  |
| NPAC+PERT+TRAS Notes | Added note that in cycle 1 only, trastuzumab and nab- PACLitaxel may be given on day 2. | ✓ |  |
| NPAC(W)+PERT+TRAS Schedule | Updated nab-PACLitaxel schedule to days 1, 8; q21 days (previously day1, 8, 15, q21-28 days)Added note that in cycle 1 only, trastuzumab and nab-PACLitaxel may be given on day 2. | ✓ | ✓ |
| PACL(W) Schedule | ST-QBP: Updated standard schedule: PACLitaxel 80 mg/m² IV days 1, 8, 15 Q28 day (previously a range of 80-90 mg/m2 was listed, and was an alternative schedule) |  | ✓ |
| PACL+PERT+TRAS Notes | Added note that in cycle 1 only, trastuzumab and PACLitaxel may be given on day 2. | ✓ |  |
| PACL(W)+PERT+TRAS Notes | Added note that in cycle 1 only, trastuzumab and PACLitaxel may be given on day 2. | ✓ |  |
| PACL(W)+PERT+TRAS Schedule | Updated PACLitaxel schedule to days 1, 8; q21 days (previously days 1, 8, 15; q28 days or days 1, 8; q21 days)Added note that PACLitaxel can be given on day 2 in cycle 1 only | ✓ | ✓ |
| PGLDX Text | Revised to Pegylated Liposomal DOXOrubicin (“pegylated” was previously omitted in error) | ✓ |  |
| VINO Schedule | Updated standard schedule:* Vinorelbine 25-30 mg/m2 days 1, 8, 15 Q28d (previously was an alternative schedule)
 |  | ✓ |

Following are breast requests that did not receive recommendations to list as evidence-informed regimens:

| Palliative |
| --- |
| DOCE(W)+PERT+TRAS | DOCEtaxel 35-40 mg/m2 IV day 1, 8 Q21 days (alternative schedule day 1,8,15 Q28 days) PERTuzumab 840 mg IV loading dose followed by 420 mg IV day 1 Q21 daysTrastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV day 1 Q21 days |
| FLVSPALB | Fulvestrant 500 mg IM days 1, 15, 29 (loading dose) THEN Fulvestrant 500 mg IM day 1 – Not currently publicly funded for this regimen and intent; Palbociclib 125 mg PO daily days 1-21 – Not currently publicly funded for this regimen and intent.Q28 days |

**CENTRAL NERVOUS SYSTEM**

|  |  |  |  |
| --- | --- | --- | --- |
| Updated Section | Change Description | ST-QBP | DF |
| Palliative |
| CISPETOP(3D) Notes | Added note “For Small Cell Carcinoma” | ✓ | ✓ |
| CRBP New Regimen | Added new evidence-informed regimen* CARBOplatin AUC 6 IV, day 1

Q21 days | ✓ | ✓ |
| CYCL New Regimen | Added new evidence-informed regimen* Cyclophosphamide 750 mg/m2 IV Q4 weeks x 7 cyclesTHEN750 mg/m2 Q12 weeks x 4 additional cycles
 | ✓ | ✓ |

Following is a CNS request that did not receive recommendation to list as evidence-informed regimens:

| Palliative |
| --- |
| CISPETOP(5D) | Etoposide 100 mg/m2 /day x 5 days CISplatin 20 mg/m2 /day x 5 daysQ21 days |

**GASTROINTESTINAL**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Anal Canal - Palliative |
| CAPECISP New Regimen | Added new regimen with note that CAPE is not publicly funded* CISplatin 60-80 mg/m2 IV day 1;

Capecitabine 1000 mg/m2 PO Q12h days 1 to 14; – not currently funded publiclyQ21days | ✓ |  |
| FUMTMCRT Note | Updated note: Concurrent with radiation  |  | ✓ |
| Colorectal – Adjuvant/Curative |
| FU(CIV-RT) Note | Updated: Concurrent with radiation |  | ✓ |
| Colorectal - Palliative |
| IRIN+CETU Schedule | Added Q21 to irinotecan schedule (previously the Q21 days was under cetuximab’s weekly schedule):* Irinotecan 350 mg/m² IV Day 1 only

Q21 days Cetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly | ✓ |  |
| IRIN(Wx4)+CETU New regimen | Added new regimen:* Irinotecan 125 mg/m² IV Days 1, 8, 15, 22

Q42 daysCetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly | ✓ |  |
| FU(W) Schedule | Updated fluorouracil schedule to 500 mg/m2 IV days 1,8,15,22,29,36; Q56 days (previously listed in 500 mg/m2 IV weekly, 6 weeks on 2 weeks off) | ✓ |  |
| CAPE+BEVA Code | Updated regimen code to CAPE+BEVA (Previously CAPEBEVA) | ✓ |  |
| CAPE Dose | Updated dose range to:* Capecitabine 1000-1250 mg/m2 BID
 |  | ✓ |
| FOLFIRI Dose | Updated fluorouracil dose to:* Fluorouracil 2400 mg/m2 CIV over 46h
 |  | ✓ |
| Gastroesophageal - Adjuvant/Curative & Palliative |
| CISPFU(RT) Alternative Schedule | Added alternative CISplatin schedule to CISPFU(RT)* CISplatin 15 mg/m2 days 1-5
 |  | ✓ |
| Pancreatic Adjuvant/Curative & Palliative |
| FULCVR Dose | Updated 5-FU dosing range to:* Fluorouracil 400-425 mg/m2 days 1-5
 |  | ✓ |
| Small Bowel and Appendiceal – Adjuvant/Curative & Palliative |
| CAPE, CAPE(RT), FOLFIRI, MFOLFOX6 New sub-diseases | Added to small bowel and appendix to sub-disease sites as per colorectal regimens |  | ✓ |

**GENITOURINARY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Bladder – Adjuvant/Curative |
| FUMTMC(RT) Schedule | Updated schedule for fluorouracil:* Fluorouracil 500 mg/m2 /day CIV over 24 hours, days 1-5, and 16-20 of radiation treatment (weeks 1 and 4) (Previously 22-26 of radiation treatment)
 | ✓ | ✓ |
| Bladder – Palliative |
| PACL(W) Alternative Schedule  | Added alternative schedule:* PACLitaxel 80 mg/m² IV days 1, 8, 15, 22

Q28 day | ✓ |  |
| Bladder – Adjuvant/Curative & Palliative |
| CISPGEMC Alternative Schedule | Updated alternative gemcitabine dose:* Gemcitabine 1000-1250 mg/m2 (previously 1250 mg/m2) days 1, 8 Q21 days.
 |  | ✓ |
| Prostate – Adjuvant/Curative & Palliative |
| TRIP Alternative Schedule | Added alternative schedule to TRIP regimen * Triptorelin 22.5 mg IM Q6 months
 | ✓ |  |
| Renal – Palliative |
| DENO Funding Status | Updated DENO regimen in red text to indicate public funding not available | ✓ |  |

**GYNECOLOGY**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Cervical - Palliative |
| CISPPACL+BEVA Code and Funding Status | * Updated bevacizumab to black text reflecting public funding
 | ✓ |  |
| CRBPPACL+BEVA Dose Unit and Funding Status | * Updated code to CRBPPACL+BEVA, previously CRBPACL+BEVA (missing P)
* Revised BEVA units to mg/kg (previously mg/m2)
* Updated bevacizumab to black text reflecting public funding
 | ✓ |  |
| PACLTOPO+BEVA Funding Status | * Updated bevacizumab to black text reflecting public funding
 | ✓ |  |
| Ovarian – Adjuvant/Curative |
| CRBPDOCE and CRBPPACL Dose | * Updated CARBOplatin dose range to AUC 5-6 (previously 4-6).
 | ✓ | ✓ |
| Ovarian Palliative |
| BEVA New Regimen | * Added as an evidence-informed regimen with note that it is not publicly funded:

Bevacizumab 7.5mg/kg IV Day 1 (after combination with CARBOplatin/PACLitaxel)ORBevacizumab 15 mg/kg IV Day 1 (after combination with CARBOplatin/gemcitabine)- Not currently publicly funded for this regimen and intentQ21 days For continuation of treatment following chemotherapy with bevacizumab. | ✓ | ✓ |
| CRBPGEMC+BEVA New Regimen | * Added as an evidence-informed regimen with note that bevacizumab is not publicly funded:

CARBOplatin AUC 4 day 1; Gemcitabine 1000 mg/m2 IV days 1, 8;Bevacizumab 15 mg/kg IV day 1. Not currently publicly funded for this regimen and intentQ21 days | ✓ | ✓ |
| CRBPPACL+BEVA Code | * Updated code to CRBPPACL+BEVA, previously CRBPACL+BEVA (missing P)
 | ✓ |  |
| CRBPPACL(W) Dose | * Updated CARBOplatin dose to AUC 6, previously 4-6.
 | ✓ | ✓ |
| LETR New Regimen | * Added as an evidence-informed regimen with note that it is not publicly funded.

Letrozole 2.5 mg PO daily – Not currently publicly funded for this regimen and intent. | ✓ | ✓ |
| VIP New Regimen | * Added VIP as an evidence-informed regimen:

CISplatin 20 mg/m2 IV days 1 to 5Ifosfamide 1200 mg/m2 IV days 1 to 5Mesna (refer to mesna table) Etoposide 75 mg/m2 IV days 1 to 5Q21 days | ✓ | ✓ |

Following are gynecology requests that did not receive recommendation to list as evidence-informed regimens:

| Regimen | Sub-Disease Site | Intent | Regimen Details |
| --- | --- | --- | --- |
| CISPVINO | Vulvar | Palliative | CISplatin 80mg/m2 IV day 1Vinorelbine 25 mg/m2 days 1, 8Q21 days |
| CRBPDOCE | Endometrial | Adjuvant/Curative | CARBOplatin AUC 5 IV day 1.DOCEtaxel 75mg/m2 IV day 1.Q21 days |

**HEMATOLOGY**

| Type of Update | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Acute Lymphoblastic Leukemia (ALL) Adjuvant/Curative & Palliative |
| AALL1131(CONS)Dose | * Updated mercaptopurine dose: Suggested starting dose 60mg/m2 (adjust dose based on thiopurine S-methyltransferase (TPMT) status) days 1-14, 29-42. (Previously listed as per chart on page 265 of the protocol, daily on days 1-14, 29-42)
 | ✓ |  |
| CALGB8811(IND) Schedule | * Removed “day 1” from the L-asparaginase information (given on day 5)
 | ✓ |  |
| Acute Lymphoblastic Leukemia (ALL) Adjuvant/Curative |
| ALL1131(MNT) Route  | * Added PO as the drug route for prednisone
* Added note:

Omit IV methotrexate on days when IT methotrexate is given | ✓ |  |
| ALL-R3(IND) Substitution Option | * Added note that PEG-asparaginase can be substituted with L- asparaginase
 | ✓ |  |
| ALL-R3(CONS) Substitution, Dose, Schedule | * Added note that PEG-asparaginase can be substituted with L- asparaginase
* Updated leucovorin abstract to 15 mg/m2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m2 IV x1, 24 hours)
 | ✓ |  |
| ALL-R3(INT) Dose,Schedule | * Updated leucovorin abstract to 15 mg/m2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m2 IV x 1, 24 hours)
* Updated asparaginase information to: to 6,000 units/m2 (previously listed mg/m2)
* Updated prednisolone information to: 1% eye drops (previously listed 0.1%)
 | ✓ |  |
| ALL-R3(FLAD) Dose | * Updated prednisolone abstract to 1% eye drops (previously 0.1%)
 | ✓ |  |
| ALL-R3(INTERIM MNT) Dose | * Added BID to dexamethasone (previously omitted in error)
 | ✓ |  |
| ALL-R3(MNT C1-7) Schedule | * Updated full regimen abstract (previously an interim maintenance schedule was listed):

Dexamethasone 3mg/m2 PO BID on days 1-5 of weeks 1, 5, 9vinCRIStine 1.5mg/m2 (Max 2mg) IV on day 1 of weeks 1, 5, 9 Mercaptopurine 75mg/m2 PO dailyMethotrexate 12mg IT on day 1 of week 3Methotrexate 20mg/m2 PO once weekly (except on week of IT Methotrexate)Sulfamethoxazole/trimethoprim 400mg/80mg PO BID on 2 consecutive days of each weekFluconazole 400mg PO dailyRepeat Q12 weeks for 7 cycles | ✓ |  |
| CYTAMTRX(IT) New Regimen | * Listed as evidence-informed regimen (previously under palliative intent only)
 | ✓ | ✓ |
| DANAFARBER(CNS) Dose | * Updated hydrocortisone dose to 15mg IT and added note that hydrocortisone dose of 50mg IT may be used based on local protocol
 | ✓ |  |
| DANAFARBER(CONT) Dose | * Updated hydrocortisone dose to 15mg IT and added note that hydrocortisone dose of 50mg IT may be used as an alternative dose based on local protocol
 | ✓ |  |
| DANAFARBER(INT) Dose | * Updated hydrocortisone dose to 15 mg IT and added note that hydrocortisone dose of 50mg IT may be used as an alternative dose based on local protocol
 | ✓ |  |
| HYPERCVAD and HYPERCVAD+RITUSchedule | * Updated DOXOrubicin to day 4 (previously listed as day 3)
* Updated vinCRIStine to days 4, 11 (previously listed as day 3, 11)
 | ✓ |  |
| LINKER New Regimens | * Added as a new evidence-informed regimen: LINKER(IND), LINKER(CONS), LINKER(MNT)

See website for full abstracts | ✓ |  |
| Acute Lymphoblastic Leukemia (ALL) Palliative |
| BLIN New Regimen | * Blinatumumab added as a new evidence-informed regimen (Public funding not available)
 | ✓ |  |
| Acute Myeloid Leukemia (AML) Adjuvant/Curative |
| 3+7 Notes | * Added age parameter for cytarabine: If patient is less than or equal to 60 years, use 200 mg/m2 /day CIV days 1-7
 | ✓ |  |
| CYTAIDAR Dose, Schedule  | * Updated cytarabine dose 200 mg/m2 CIV days 1-7 (Previously 1400 mg/m2 (total) CIV days 1-7)
 | ✓ |  |
| CYTAMTRX(IT) New Regimen | * Listed as evidence-informed regimen (previously under palliative intent only)
 | ✓ | ✓ |
| Acute Promyleocytic Leukemia (APL) Adjuvant/Curative & Palliative |
| Tretinoin-containing regimens | * Revised tretinoin doses to “45 mg/m2 /day for consistency (in 2 divided doses PO)”, previously “22.5 mg/m2 /day PO BID”
 |  |  |
| Acute Promyleocytic Leukemia (APL) Adjuvant/Curative |
| AMSACYTATRET Regimen Removal | * Removed as an evidence-informed regimen
 | ✓ |  |
| ATRAMERCMTRX New Intent | * Added regimen to Adjuvant/Curative intent (previously listed under Palliative only)
 |  |  |
| ARSEATRA(CONS HI) Schedule  | * Updated to tretinoin in cycle 2 to 45 mg/m2 /d PO days 1-7, 15-21, 29-35

(Previously 45 mg/m2 /d PO days 1-7, 15-24, 29-35) | ✓ |  |
| Acute Promyleocytic Leukemia (APL) Palliative |
| ATRAMERCMTRX Code, Route  | * Updated regimen code, previously MERCMTRXTRET
* Added PO as the drug route for mercaptopurine
 | ✓ |  |
| Adult T-Cell Leukemia/Lymphoma (ATLL) Palliative |
| ROMI Funding Status | * Removed text “not currently publicly funded” and changed text colour to black
 | ✓ | ✓ |
| Burkitt’s Lymphoma Adjuvant/Curative |
| EPOCH+RITU New Regimen | * Added as a new evidence-informed regimen

riTUXimab 375 mg/m2 IV day 1 (before starting EPOCH);Etoposide 50 mg/m2 /day CIV days 1 to 4;vinCRIStine 0.4 mg/m2 /day CIV days 1 to 4;DOXOrubicin 10 mg/m2 /day CIV days 1 to 4;Cyclophosphamide 750 mg/m2 IV day 5;Prednisone 60 mg/m2 PO daily or BID days 1 to 5Q21 daysNote: this is dose-adjusted EPOCH | ✓ | ✓ |
| Chronic Lymphocytic Leukemia (CLL) Palliative |
| ALEM\_CLL1st Monograph Archival | * Archived regimen monograph; combined with ALEM\_CLL
 |  | ✓ |
| ALEM(IV) New Regimen | * New evidence-informed regimen and noted that public funding is not available; universal compassionate access program available.
	+ Week 1:
	+ Alemtuzumab 3 mg IV (first dose), 10 mg IV (second dose), 30 mg IV (third dose)
	+ Weeks 2 to 12:
	+ Alemtuzumab 30 mg IV 3x weekly
	+ For use in T-Cell Prolymphocytic Leukemia
 | ✓ |  |
| ALEM Route, Schedule, Notes | * Updated route and schedule:
	+ Week 1:
	+ Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV/SC (second dose), 30 mg IV/SC (third dose).
	+ Weeks 2 to 12:
	+ Alemtuzumab 30 mg IV/SC 3x weekly
	+ Use ALEM(IV) in T-Cell Prolymphocytic Leukemia
 | ✓ | ✓ |
| ALEM+RITU schedule | * Updated schedule:
	+ Week 1:
	+ Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV/SC (second dose), 30 mg IV/SC (third dose).
	+ Weeks 2 to 12:
	+ Alemtuzumab 30 mg IV/SC 3x weekly
 | ✓ | ✓ |
| BEND+RITU Schedule | * Updated riTUXimab schedule updated to 375 mg/m2 IV day 1, cycle 1, then riTUXimab 500 mg/m2 IV day 1, cycles 2 to 6 (previously listed as riTUXimab 375 mg/m² IV day 1)
 | ✓ |  |
| CHLO Dose, Schedule | * Added chlorambucil 6 mg/m2 PO days 1-14 (previously schedule not specified)
 |  | ✓ |
| CVP | * Updated prednisone schedule to days 1-5 (previously listed as days 1-4)
 | ✓ |  |
| FC-Containing Regimen Doses | * Updated Fludarabine IV and PO doses to 25mg/m2
	+ FC
	+ FC(PO) (previously listed at 24 mg/m2)
	+ FC(PO)+R
	+ FC+R
	+ FCM
	+ FCM+R
 | ✓ | ✓ |
| FCM+ALEM New Regimen | * Added as a new evidence-informed regimen

Fludarabine 25 mg/m2 IV days 1-3;Cyclophosphamide 200 mg/m2 IV days 1-3;mitoXANTRONE 8 mg/m2 IV day 1Q28 daysAlemtuzumab week 1:Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV (second dose), 30 mg IV (third dose)Weeks 2 t o12: Alemtuzumab 30 mg IV/SC 3 x weekly Not publicly funded. Universal compassionate access program available. | ✓ | ✓ |
| IBRU Funding Status | * Removed “not publicly funded” note
 | ✓ |  |
| IDEL+RITU Dose, Schedule | * Updated riTUXimab dosing schedule to 375 mg/m2 IV day 1, week 1, then riTUXimab 500 mg/m2 IV day 1, weeks 3, 5, 7, 9, 13, 17, 21 (total 8 infusions)

(Previously riTUXimab 375 mg/m2 IV cycle 1 day 1, 500 mg/m2 cycle 1 day 15, cycle 2 day 1 & 15, 500 mg/m2 IV cycles 2 to 6 day 1) | ✓ | ✓ |
| MTPR(HD) New Regimen | * Added as a new evidence-informed regimen

Methylprednisolone 1 g/m2 IV days 1-5Q28 days | ✓ | ✓ |
| Chronic Myelogenous Leukemia (CML) Palliative |
| HYDR Dose | * Updated hydroxyurea dose range to 30 to 40 mg/kg (previously no range)
 |  | ✓ |
| PNAT New Regimen | * Ponatinib added as a new evidence-informed regimen

Ponatinib 45 mg PO daily – Not currently publicly funded for this regimen and intent | ✓ | ✓ |
| Chronic Myelomonocytic and Myeloproliferative Leukemia (CMML) Palliative |
| ANGR New Regimen | * Added as a new evidence-informed regimen

Anagrelide 0.5 to 1 mg PO BID (or 0.5 mg PO QID), titrated to lowest effective dosage | ✓ | ✓ |
| Hodgkin’s Adjuvant/Curative |
| BEACOPP Dose, Code | * Added that maximum dose for vinCRIStine is 2mg (ST-QBP)
* Updated regimen monograph code (DF)
 | ✓ | ✓ |
| DHAP Schedule | * Updated CISplatin schedule to 100 mg/m2 day 1 (previously CIV over 8 hours day 1)
 | ✓ | ✓ |
| ESHAP Drug, Dose | * Removed dexamethasone
* Updated dose of cytarabine to 2,000mg/m2 (previously listed at 200 mg/m2)
 | ✓ |  |
| OEPA-COPDAC Schedule | * Updated dacarbazine schedule to days 1-3 (previously listed at days 1-4)
* Updated prednisone dose in COPDAC to 40 mg/m2 (previously listed at 60 mg/m2)
 | ✓ | ✓ |
| OPPA-COPP Dose | * Updated prednisone dose in COPP to 40mg/m2 (previously listed at 60mg/m2)
* Updated prednisone dose in OPPA to 60 mg/m2 (previously listed at 40 mg/m2)
 | ✓ | ✓ |
| Hodgkin’s Palliative |
| CEP Frequency, Drug Addition | * Added chlorambucil 15 mg/m2 days 1-4 (previously left out)
* Updated full regimen schedule to Q42 days (previously Q42 days for lomustine and Q21 days for etoposide and prednisone)
 | ✓ | ✓ |
| GEMC Dose and Schedule | * Updated dose to a range 1,000-1,250mg/m2 (previously listed as 1,000mg/m2)
* Updated schedule to Q21 days OR days 1, 8, 15; Q28 days (previously only Q21 days schedule listed)
 | ✓ | ✓ |
| GDP Schedule | * Updated CISplatin schedule to 75 mg/m2 Day 1 (previously 75 mg/m2 over 1 hour day 1)
 | ✓ | ✓ |
| High-Grade Lymphoma Adjuvant/Curative |
| BEACOPP Dose | * Added that maximum dose for vinCRIStine is 1.4 mg/m2 (max 2 mg) (previously listed at 1.4 mg/m2)
 | ✓ |  |
| CEOP Frequency | * Added frequency – Q21 days (previously left out)
 | ✓ | ✓ |
| CEOP+RITU Frequency | * Added frequency – Q21 days (previously left out)
 | ✓ | ✓ |
| CYTAMTRX(IT) New Regimen | * Listed as evidence-informed regimen (previously under palliative intent only)
 | ✓ | ✓ |
| DHAP Frequency,Schedule | * Updated frequency to Q21-28 days (previously listed as Q28 days)
* Updated CISplatin schedule to 100 mg/m2 Day 1 (previously CIV over 8 hours day 1)
 | ✓ | ✓ |
| EPOCH+RITU Update | * Updated regimen abstract for consistency with Burkitt’s Lymphoma

riTUXimab 375 mg/m2 IV day 1 (before starting EPOCH);Etoposide 50 mg/m2 /day CIV days 1 to 4;vinCRIStine 0.4 mg/m2 /day CIV days 1 to 4;DOXOrubicin 10 mg/m2 /day CIV days 1 to 4;Cyclophosphamide 750 mg/m2 IV day 5;Prednisone 60 mg/m2 PO daily or BID days 1 to 5Q21 daysNote: this is dose-adjusted EPOCH | ✓ | ✓ |
| ESHAP Drug Removal | * Removed Dexamethasone
 | ✓ |  |
| GDP Schedule | * Updated CISplatin schedule to 75 mg/m2 IV day 1 (previously 75 mg/m2 over 1 hour day 1)
 | ✓ | ✓ |
| High-Grade Lymphoma Palliative |
| CVP Schedule | * Prednisone days updated to days 1-5 (previously listed as days 1-4)
 | ✓ |  |
| CYTA(IT) Dose | * Updated dose to 50-70 mg (previously 30 mg/m2)
 |  |  |
| ETOP(PO) Route, Footnote | * Added drug route PO for etoposide and prednisone (was previously missing)
* Added that regimen can be given with or without prednisone
 | ✓ |  |
| GDP Schedule | * Updated CISplatin schedule to 75 mg/m2 IV day 1 (previously 75 mg/m2 over 1 hour day 1)
 | ✓ | ✓ |
| Intermediate-Grade Lymphoma Adjuvant/Curative |
| BEACOPP Dose | * Added that maximum dose for vinCRIStine is 2mg (previously listed at 1.4 mg/m2)
 | ✓ |  |
| CEOP Frequency | * Added frequency – Q21 days (previously left out)
 | ✓ |  |
| CEOP+RITU Frequency | * Added frequency – Q21 days (previously left out)
 | ✓ |  |
| CYTAMTRX(IT) New Regimen | * Listed as evidence-informed regimen (previously under palliative intent only)
 | ✓ | ✓ |
| DHAP Frequency,Schedule | * Updated frequency to Q21-28 days (previously listed as Q28 days)
* Updated CISplatin schedule to 100 mg/m2 Day 1 (previously CIV over 8 hours day 1)
 | ✓ | ✓ |
| EPOCH+RITU Update | * Updated regimen abstract for consistency with High-Grade and Burkitt’s Lymphoma

riTUXimab 375 mg/m2 IV day 1 (before starting EPOCH);Etoposide 50 mg/m2 /day CIV days 1 to 4;vinCRIStine 0.4 mg/m2 /day CIV days 1 to 4;DOXOrubicin 10 mg/m2 /day CIV days 1 to 4;Cyclophosphamide 750 mg/m2 IV day 5;Prednisone 60 mg/m2 PO daily or BID days 1 to 5Q21 days* Note: this is dose-adjusted EPOCH
 | ✓ | ✓ |
| ESHAP Drug Removal | * Removed Dexamethasone
 | ✓ |  |
| GDP Schedule | * Updated CISplatin schedule to 75 mg/m2 IV day 1 (previously 75 mg/m2 over 1 hour day 1)
 | ✓ | ✓ |
| Intermediate-Grade Lymphoma Palliative |
| CHLO Dose, Schedule | * Added chlorambucil 6mg/m2 PO days 1-14 (previously schedule not specified)
 |  | ✓ |
| CVP(PO) Dose | * Updated dose for vinCRIStine 1.4 mg/m2 IV day 1 (previously dose range)
 |  | ✓ |
| CYTA(IT) Dose | * Updated dose to 50-70 mg (previously 30 mg/m2)
 |  |  |
| MTRX(PO) Dose | * Removed “in split doses” from regimen abstract
 | ✓ |  |
| Low-Grade Lymphoma Palliative |
| BAC+RITU New Regimen | * Added as a new evidence-informed regimen

riTUXimab 375 mg/m2 IV Day 1Bendamustine 70 mg/m2 IV Days 2 and 3Cytarabine 500-800 mg/m2 IV Days 2 to 4 Q28 daysFor use in Mantle-Cell Lymphoma | ✓ | ✓ |
| BORT New Regimen | * Added as an evidence-informed regimen (Not publicly funded)

Bortezomib 1.3 mg/m² IV / SC days 1, 4, 8, 11 – Not currently publicly funded for this regimen and intentQ21 daysFor use in Mantle-Cell Lymphoma | ✓ | ✓ |
| CHLO Dose, Schedule | * Added chlorambucil 6mg/m2 PO days 1-14 (previously dose not specified)
 |  | ✓ |
| CHOP+R-DHAP+R Schedule | * Updated CISplatin schedule to 100 mg/m2 Day 1 (previously CIV over 8 hours day 1)
 | ✓ | ✓ |
| CVP, CVP+R Doses | * Updated doses for cyclophosphamide 750mg/m2 IV day 1; vinCRIStine 1.4 mg/m2 IV day 1 (previously dose ranges)
 |  | ✓ |
| CVP(PO) Dose | * Updated dose for vinCRIStine 1.4 mg/m2 IV day 1 (previously dose range)
 |  | ✓ |
| FCM(PO) New Regimen | * Added FCM (PO) route as a new evidence-informed regimen

Fludarabine 25 mg/m2 PO days 1-5 - Not currently publicly funded for this regimen and intent;Cyclophosphamide 150 mg/m2 PO days 1-5;mitoXANTRONE 6 mg/m2 IV day 1;Q28 days | ✓ | ✓ |
| FCM(PO)+R New Regimen | * Added FCM(PO) route as a new evidence-informed regimen

Fludarabine 25 mg/m2 PO days 1-5 - Not currently publicly funded for this regimen and intent;Cyclophosphamide 150 mg/m2 PO days 1-5;mitoXANTRONE 6 mg/m2 IV day 1;riTUXimab 375 mg/m2 IV day 1;Q28 days | ✓ | ✓ |
| IDEL New Regimen | * Added as a new evidence-informed regimen

Idelalisib 150 mg PO BID – until progression - Not currently publicly funded for this regimen and intent | ✓ | ✓ |
| MTRX(PO) Dose | * Removed “in split doses” from regimen abstract
 | ✓ |  |
| Myeloma Palliative |
| BORT Schedule and Notes | * Added a twice weekly alternative schedule: Bortezomib 1.3 mg/m2 SC/IV days 1,4,8,11 Q21 days
* Added optional dexamethasone dose and schedule: Dexamethasone 40 mg days 1-4 Q21 days.
* Can be given with or without dexamethasone
* Regimen may also be used for light-chain amyloidosis
 | ✓ | ✓ |
| BORTDEXAPOMA Note | * Added note that regimen may also be used for light-chain amyloidosis
 | ✓ | ✓ |
| CARF New Regimen | * Added as a new evidence-informed regimen:

Cycle 1: Carfilzomib 20mg/m2 IV days 1, 2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intentOR, if days 1 and 2 well tolerated: Carfilzomib 27 mg/m2 IV days 8, 9, 15, 16 – Not currently publicly funded for this regimen and intentCycles 2-12: Carfilzomib 27 mg/m2 IV days 1 ,2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intentQ28 daysCycles 13 and beyond:Carfilzomib 27 mg/m2 IV days 1 ,2, 15, 16 – Not currently publicly funded for this regimen and intentQ28 days | ✓ | ✓ |
| CARFDEXA New Regimen | * Added as a new evidence-informed regimen:

Cycle 1:Carfilzomib 20mg/m2 IV days 1, 2; - Not currently publicly funded for this regimen and intentCarfilzomib 27mg/m2 days 8, 9 15, 16; - Not currently publicly funded for this regimen and intentDexamethasone 20 mg PO days 1, 2, 8, 9, 15, 16, 22 and 23.Cycle 2 and beyond:Carfilzomib 27mg/m2 IV days 1, 2, 8, 9 15, 16; - Not currently publicly funded for this regimen and intentDexamethasone 20 mg PO days 1, 2, 8, 9, 15, 16, 22 and 23. Q28 days  | ✓ | ✓ |
| CARFDEXALENA New Regimen | * Added as a new evidence-informed regimen:

Cycle 1:Carfilzomib 20mg/m2 IV days 1, 2; - Not currently publicly funded for this regimen and intentCarfilzomib 27mg/m2 IV days 8, 9 15, 16; -- Not currently publicly funded for this regimen and intentDexamethasone 40 mg PO days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21Q28 daysCycle 2 and beyond:Carfilzomib 27mg/m2 IV days 1, 2, 8, 9 15, 16; - Not currently publicly funded for this regimen and intentDexamethasone 40 mg PO days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21Q28 days | ✓ | ✓ |
| CYBORD Notes | * Updated regimen with note that regimen may also be used for light-chain amyloidosis
 |  | ✓ |
| CYBORP Route | * Updated to Bortezomib 1.5 mg/m2 IV or SC days 1, 8, 15
 |  | ✓ |
| CYCLDEXATHAL New Regimen | * Added as a new evidence-informed regimen for light-chain amyloidosis:

Cyclophosphamide 500 mg PO once weeklyThalidomide 200 mg PO daily - Not currently publicly funded for this regimen and intentDexamethasone 40 mg PO days 1-4 and 9-12Q21 daysFor light-chain amyloidosis | ✓ | ✓ |
| CYCLDEXALENA New Regimen | * Added as a new evidence-informed regimen

Cyclophosphamide 300mg/m2 PO days 1, 8, 15; Dexamethasone 40 mg PO days 1, 8, 15, 22 ;Lenalidomide 25 mg PO days 1 to 21.Q28 days | ✓ | ✓ |
| CYCLDEXAPOMA New Regimen | * Added as a new evidence-informed regimen:

Cyclophosphamide 400 mg PO days 1, 8, 15; Dexamethasone 40 mg (or 20 mg) PO days 1, 8, 15, 2;2 Pomalidomide 4 mg PO days 1 to 21.Q28 days | ✓ | ✓ |
| CYTAMTRX(IT) New Regimen | * Listed as evidence-informed regimen (previously under palliative intent only)
 | ✓ | ✓ |
| DEXAPOMA Regimen code and Schedule | * Updated regimen code to DEXAPOMA (previously POMA)
* Updated schedule to:

Pomalidomide 4 mg PO days 1-21Dexamethasone 20-40 mg PO days 1,8,15,22 (previously was days 1, 8, 15, 21)Q28days | ✓ | ✓ |

Following is a hematology request that did not receive recommendation to list as an evidence-informed regimen:

|  |
| --- |
| Chronic Lymphocytic Leukemia (CLL) Palliative |
| CHLO+OFAT | Chlorambucil 10 mg/m2 PO daily on days 1-7 Q28 daysOFAtumumab given intravenously as follows:Cycle 1, day 1: 300 mgCycle 1, day 8: 1000 mgCycles 2-12: 1000 mg q28 days |

**LUNG**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Non-Small Cell Lung Cancer - Palliative |
| NIVL New Regimen | * Added NIVL as new evidence-informed regimen with note that public funding is not available
	+ Nivolumab 3 mg/kg IV day 1 – Not currently publicly funded for this regimen and intent
	+ Q14 days
 | ✓ | ✓ |
| All Sub-Diseases |
| DENO | * Updated regimen colour to red text to indicate public funding is not available
* Disease sites: NSC, SC, Mesothelioma, and Thymoma all in the palliative intents
 | ✓ |  |

Following is a lung request that did not receive recommendation to list as an evidence-informed regimen:

|  |
| --- |
| Mesotheliolma |
| PEMB | Pembrolizumab 10 mg/kg IV Q14 days |

**PRIMARY UNKNOWN**

| Type of Update | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| DENO Funding Status | Updated to red to indicate public funding is not available.* nab-PACLitaxel 100 mg/m2 IV, days 1, 8, 15 – Not currently publicly funded for this regimen and intent;(days 1, 8, 15 were previously omitted in error)

CARBOplatin AUC2 IV days 1, 8, 15. Q28 days | ✓ | ✓ |

**SARCOMA**

| Updated Section | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Desmoid Tumour, Adjuvant/Curative |
| MTRXVINO Dose and Schedule | * Updated methotrexate dose and schedule to 25mg/m2 (previously 30 mg/m2) days 1,8,15;
* Updated vinorelbine to 25mg/m2 (previously 20 mg/m2) days 1,8,15 Q28d
 |  | ✓ |
| MTRXVNBL Schedule | * Updated MTRXVNBL schedule
* Both drugs given day 1,8, 15, 22 Q28d (previously day 1, Q7-14 days)
 |  | ✓ |
| Ewing’s Sarcoma Adjuvant/Curative & Palliative |
| VAC Dose IE-VAC Alternative Schedule | * Updated vinCRIStine dose to 1.5 mg/m2 (max 2 mg)
* Added an alternative to DOXOrubicin in VAC: 75 mg/m2 IV days (dose may be split over 2 days)
* Added an intensified schedule to the IE-VAC regimen: The intensified IE-VAC regimen consists of alternating ETOPIFOS and VAC q14 days. GCSF Prophylaxis is recommended with this regimen.
 | ✓ | ✓ |
| Ewing’s Sarcoma Palliative |
| IRINTMZL New Regimen  | * Added IRINTMZL as an evidence-informed regimen

Irinotecan 10-20 mg/m2 IV day 1-5 and 8-12;Temozolomide 100 mg/m2 PO day 1-5 – Not publicly funded for this regimen and intentQ21 days | ✓ | ✓ |
| CYCLTOPO Schedule | * Added “days” to frequency – Q21 days (previously left out in error)
 | ✓ |  |
| PACL Schedule | * Added “days” to frequency – Q21 days (previously left out in error)
 | ✓ |  |
| GIST, Palliative |
| SUNI  | * Added “days” to frequency – Q42 days (previously left out in error)
* Updated dose to 50 mg (previously 37.5-50 mg) with note “consider a lower starting dose in elderly/frail patients”
 | ✓ |  |
| Giant-Cell Tumour, Adjuvant/Curative |
| DENO Schedule | * Updated frequency to Q28 days (previously “monthly”)
* Updated to red to indicate that the drug is not currently publicly funded
 | ✓ |  |
| Kaposi’s Sarcoma, Palliative |
| PACL New regimen  | * Added PACL as an evidence-informed regimen

PACLitaxel 100mg/m2 IV day 1 Q14 days | ✓ | ✓ |
| PGLDX Schedule | * Updated cycle frequency to:

Pegylated liposomal DOXOrubicin 20 mg/m2 IV day 1, Q14 days (previously Q14-21 days) |  | ✓ |
| Mesothelioma, Palliative |
| DENO Funding Status | * Updated DENO regimen to red text to indicate public funding is not available
 | ✓ |  |
| Soft Tissue Sarcoma, Adjuvant/Curative & Palliative |
| CYCLTOPO New Regimen | * Added CYCLTOPO as and evidence-informed regimens

Cyclophosphamide 250mg/m2 IV day 1 - 5 Topotecan 0.75mg/m2 IV days 1 - 5  Q21 days | ✓ | ✓ |
| VACTC New Regimen | * Added VACTC as an evidence-informed regimen

vinCRIStine 1.5mg/m2 (max 2mg) IV day 1;DACTINomycin 0.045mg/kg (max 2.5mg) IV day 1;Cyclophosphamide 1100mg/m2 IV days 1 & 2;Mesna: Refer to mesna table in the documentQ21 daysFor use in rhabdomyosarcoma | ✓ | ✓ |
| DOXO Dose | * Updated dose to 50 to 75 mg/m2 IV day 1 (previously listed 60-75 mg/m2)
 |  | ✓ |
| DOXOIFOS Dose | * Updated DOXOrubicin and ifosamide doses

Multiple regimens exist with various dosing and schedule. One option includes:DOXOrubicin 25 mg/m2 /day IV on days 1-3 (previously 50 mg/m2 IV, day 1)Ifosfamide 2500 mg/m2 /day IV on days 1-4 (previously 1667 mg/m2 , days 1 to 3)Mesna: refer to the Mesna tableQ21 days  | ✓ | ✓ |
| Wilm’s Tumour, Adjuvant/Curative & Palliative |
| DOX/DCTNVCR-CYCETOVCR New Regimen | * Added new evidence-informed regimen

Weeks 1-6:vinCRIStine 1.5 mg/m2 IV on day 1 of weeks 1-6 (max dose=2mg)DACTINomycin 0.045 mg/kg IV once on day 1 of week 1 (max dose=2.3mg)DOXOrubicin 45 mg/m2 IV once on day 1 of week 4Weeks 7-12:Cyclophosphamide 440 mg/m2 IV daily on days 1-5 of weeks 7 and 10Etoposide 100 mg/m2 IV daily on days 1-5 of weeks 7 and 10vinCRIStine 1.5 mg/m2 IV on day 1 of weeks 8,9,11,12 (max dose=2mg)Weeks 13-33: On weeks 13, 16, 22, 28, and 31:vinCRIStine 2 mg IV once on day 1 of weeks 13, 16, 22, 28, and 31 DACTINomycin 0.02 mg/kg IV once on day 1 of weeks 13, 16, 22, 28, and 31 (max dose= 2.3 mg)DOXOrubicin 30 mg/m2 IV once on day 1 of weeks 13, 16, 22, 28, 31On weeks 19 and 25:Cyclophosphamide 440 mg/m2 IV daily on days 1-5 of weeks 19 and 25Etoposide 100 mg/m2 IV daily on days 1-5 of weeks 19 and 25Adults may be less likely to tolerate weekly vinCRIStine. | ✓ | ✓ |

**SKIN**

| Type of Update | Change Description | ST-QBP | DF |
| --- | --- | --- | --- |
| Melanoma - Palliative |
| CRBPNPAC Schedule update | Updated schedule * nab-PACLitaxel 100 mg/m2 IV, days 1, 8, 15 – Not currently publicly funded for this regimen and intent;(days 1, 8, 15 were previously omitted in error)

CARBOplatin AUC2 IV days 1, 8, 15. Q28 days | ✓ | ✓ |
| DCRB Schedule update | Updated schedule* Dacarbazine 1000 mg/m2 IV day 1
 |  | ✓ |
| NIVL New regimen | Added as a new evidence-informed regimen and noted that nivolumab is funded through a Universal Compassionate Access Program.* Nivolumab 3mg/kg IV day 1.

Q14 days Not publicly funded. Universal compassionate access program available. | ✓ | ✓ |
| NIVL+IPIL New regimen | Added as a new evidence-informed regimen and noted that nivolumab is not publicly funded* Ipilimumab 3mg/kg IV day 1;

Nivolumab 1mg/kg IV day 1. – Not currently publicly funded for this regimen and intentQ21 days for four cyclesTHENNivolumab 3mg/kg IV day 1. - Not currently publicly funded for this regimen and intentQ14 days | ✓ | ✓ |
| TMZL Dose update | Updated dose* Revised temozolomide dose to 200 mg/m² (previously 150-200 mg/m²) – not currently funded publicly
 | ✓ |  |

**Prior Updates from April 2014 to August 2015**

| Updated Section | Summary of Change | Date of Change |
| --- | --- | --- |
| Palliative CLL | * Removed duplicate CHLO+OBIN regimen listed in red
* See update from July 17 2015 re; funding for OBINutuzumab
 | August 11 2015 |
| Palliative Colorectal | * IRIN(Q2W)+CETU regimen
* Added alternative schedule:

Irinotecan 180 mg/m² IV Day 1.Q14 daysCetuximab 400 mg/m² IV Day 1 CYCLE 1 ONLY, THEN 250 mg/m² IV weekly | July 22 2015 |
| Palliative Breast | * DOXO(W) regimen
* Added Q21 – 28 days
 | July 21 2015 |
| Palliative Vulvar | * CRBP added as an evidence-informed regimen
 | July 17 2015 |
| Palliative CLL | * CHLO+OBIN
* Regimen is no longer listed in red as NDFP funds OBINutuzumab (effective July 17 2015)
* Please refer to the NDFP eligibility criteria for drug funding details
 | Effective July 17 2015 |
| Adjuvant Bladder | * Updated FUMTMC(RT) regimen
* **Previously listed as**: Fluorouracil 500 mg/m²/day CIV over 24 hours, days 1-5, and 16-20; Mitomycin 12 mg/m² IV day 1 Concurrent with radiation over 5 weeks
* **Updated to:** Fluorouracil 500 mg/m²/day CIV over 24 hours, days 1-5, and 22-26 of radiation treatment;

Mitomycin 12 mg/m² IV day 1 Concurrent with radiation over 5 weeks | July 10, 2015 |
| Palliative Head & Neck  | * Updated CISPGEMC regimen, *alternative schedule*.
* The gemcitabine dose was missing, it is now included.
 | July 7, 2015 |
| Palliative Renal | * Updated IFNA+BEVA regimen – Bevacizumab dose
* **Previously listed as**: Bevacizumab 10 mg/m2 IV day 1
* **Updated to**: Bevacizumab 10 mg/kg IV day
 | July 7, 2015 |
| Palliative Ovarian | * Updated TOPO(W) regimen
* **Previously listed as:** Topotecan 4.0
* **Updated to:** Topotecan 4 (to avoid confusion with the dose, did not want 4.0 to be interpreted as 40)
 | July 7, 2015 |
| Palliative LGL | * IBRU dose revision:
* **Previously listed as:** IBRUtinib 560 mg PO daily – Not currently publicly funded for this regimen and intent
* **Updated to:** IBRUtinib 420 - 560 mg PO daily – Not currently publicly funded for this regimen and intent
 | July 2, 2015 |
| Palliative CLL | * IBRU dose revision:
* **Previously listed as:** IBRUtinib 420-840 mg daily – Not currently publicly funded for this regimen and intent
* **Updated to:** IBRUtinib 420 mg PO daily – Not currently publicly funded for this regimen and intent
 | July 2, 2015 |
| Palliative Adrenal  | * CAPEGEMC regimen – updated dose of Capecitabine
* **Updated to**: Capecitabine 1,500 mg PO days 1-21
* **Previously listed as:**: Capecitabine 1,500 mg/m² PO BID days 1-21
 | June 29, 2015 |
| Palliative Chronic Myelomonocytic Leukemia & Myeloproliferative | * Addition PGIFNA of as an evidence informed regimen
 | June 2015 |
| Palliative CLL | * Addition of CHLO+OBIN as an evidence informed regimen
 | June 2015 |
| Palliative CLL | * Addition of IDEL+RITU as an evidence informed regimen
 | June 2015 |
| Palliative Myeloma | * Addition of POMA as an evidence informed regimen
* Note: can be given with or without DEXA
 | June 2015 |
| Palliative Myeloma | * Addition of BORTDEXAPOMA as an evidence informed regimen
 | June 2015 |
| Palliative Myeloma | * Updated regimen abstract
 | June 2015 |
| Palliative Myeloma | * Addition of VAD as an evidence informed regimen
 | June 2015 |
| Palliative APL | * Updated regimen code for ATRAMERCMTRX
* Was previously MERCMTRXTRET
 | June 2015 |
| Palliative APL | * Addition of ARSE as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative APL | * Updated regimen code for ARSEATRA(CONS LO/INT)
* Was previously ARSEATRA(CONS LOW/INT) – the W was removed
 | June 2015 |
| Adjuvant/Curative APL | * Updated regimen code for ARSEATRA(IND LO/INT)
* Was previously ARSEATRA(IND)
 | June 2015 |
| Adjuvant/Curative APL | * Updated regimen code for AMSAATRACYTA
* Was previously AMSACYTATRET
 | June 2015 |
| Adjuvant/Curative Hodgkin’s | * Addition of OPPA-COPP as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative Hodgkin’s | * Addition of OEPA-COPDAC as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative T Cell Lymphoma | * Addition of CISP(RT-W)-VIPD as an evidence informed regimen
 | June 2015 |
| Palliative High Grade Lymphoma | * Addition of GEMC as an evidence informed regimen
 | June 2015 |
| Palliative Intermediate Grade Lymphoma | * Addition of GEMC as an evidence informed regimen
 | June 2015 |
| Palliative Low Grade Lymphoma | * Updated regimen code for CHOP+R-DHAP+R
* Was previously missing the dash
 | June 2015 |
| Palliative Low Grade Lymphoma | * Addition of GEMC as an evidence informed regimen
 | June 2015 |
| Palliative Low Grade Lymphoma | * Addition of IDEL as an evidence informed regimen
 | June 2015 |
| Palliative Low Grade Lymphoma & Hairy Cell Leukemia | * Addition of alternative schedule for CLAD
 | June 2015 |
| Palliative Hodgkin’s | * Addition of GDP as an evidence informed regimen
 | June 2015 |
| Palliative Intermediate and High Grade Lymphoma | * Addition of GDP as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative Intermediate and High Grade Lymphoma  | * Updated regimen code to CEPP(B) (previously CEPB)
* Updated regimen abstract details (Etoposide schedule)
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of AALL1131(MNT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of AALL1131(INTER MNT2) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of AALL1131(DELAYED INT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of AALL1131(CONS) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of CALGB8811(CNS) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of CALGB8811(MNT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of CALGB8811(LATE INT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of CALGB8811(EARLY INT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative and Palliative ALL | * Addition of CALGB8811(IND) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(MNT C8) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(MNT C1-7) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(INTERIM MNT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(FLAD) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(INT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(CONS) as an evidence informed regimen
 | June 2015 |
| Adjuvant/Curative ALL | * Addition of ALL-R3(IND) as an evidence informed regimen
 | June 2015 |
| Palliative Melanoma | * Addition of CRBPPACL(W) as an evidence informed regimen
 | June 2015 |
| Palliative Squamous Cell | * Addition of CETU as an evidence informed regimen
 | June 2015 |
| Palliative Vulvar | * Addition of ERLO as an evidence informed regimen
 | June 2015 |
| Palliative Endometrium  | * Addition of PACL(W) as an evidence informed regimen
 | June 2015 |
| Palliative Gynecologic Sarcoma | * Addition of DOXOIFOS as an evidence informed regimen
 | June 2015 |
| Palliative Pancreatic | * Removal of red highlighting, NPAC now funded via NDFP
 | Effective April 17 2015 |
| Palliative Prostate | * Addition of CYCL as an evidence informed regimen
 | June 2015 |
| Palliative Renal Cell | * Addition of IFNA+BEVA as an evidence informed regimen
 | June 2015 |
| Palliative Testis | * Addition of GEMOX as an evidence informed regimen
 | June 2015 |
| Palliative Hepatobiliary | * Addition of CAPECISP as an evidence informed regimen
 | June 2015 |
| Adjuvant/curative Gastroesophageal | * Addition of CAPE(RT) as an evidence informed regimen
 | June 2015 |
| Adjuvant/curative Gastroesophageal | * Addition of alternative schedule to FULCVR(RT-GAST)
 | June 2015 |
| All Disease Sites | * Removed red highlighting for DOCE, ZOLE, PMDR – drugs now funded through the STFM when evidence-informed, but not funded via PDRP for the indication
 | Effective April 1 2015 |
| Palliative Mesothelioma Regimens | * Addition of DENO as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Primary Unknown Regimens | * Addition of DENO as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Renal Cell Regimens | * Addition of DENO as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Thymoma Regimens  | * Addition of DENO as an evidence informed regimen
 | December 16th, 2014 |
| Adjuvant/Curative Bladder/Urothelial Regimens | * Addition of CISPGEMC(W) as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Breast Regimens | * Addition of new main schedule for GEMC
 | December 16th, 2014 |
| Palliative CLL Regimens | * Addition of DEXA(HD) and PRED(HD) as evidence informed regimens
 | December 16th, 2014 |
| Palliative CNS Regimens | * Addition of CCV as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Gastroesophageal Regimens | * Addition of PACL+RAMU(W) as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Melanoma Regimens | * Addition of PEMB as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Myeloma Regimens | * Addition of BORTDEXALENA as an evidence informed regimen
 | December 16th, 2014 |
| Palliative Non-Small Cell Regimens | * Addition of CERI as an evidence informed regimen
 | December 16th, 2014 |
| Adjuvant/Curative CNS Regimens | * Addition of TMZL as an evidence informed regimen
 | December 15th, 2014 |
| Palliative Prostate Regiments | * Update to DOCE and DOCE(W)PRED) regimens
 | December 15th, 2014 |
| Adjuvant/Curative and Palliative APL Regimens | * Addition of Adjuvant/curative and palliative APL regimens
 | December 15th, 2014 |
| Palliative Ovarian Regimens | * Removal of “not publicly funded note” for TOPO(W)
	+ Please see Oct 16th NDFP announcement
 | November 11th, 2014 |
| Palliative GIST Regimens | * Removal of “not publicly funded note” for REGO
	+ Please see Sept 26th NDFP announcement
 | November 11th, 2014 |
| Palliative Myeloma Regimens | * Removal of “not publicly funded note” for LENA
	+ Please see Sept 26th NDFP announcement
 | November 11th, 2014 |
| Palliative Melanoma Regimens | * Removal of “not publicly funded note” for TRAM and DABR
	+ Please see Aug 22nd NDFP announcement
 | November 11th, 2014 |
| Palliative Hepatobiliary Regimens | * Addition of FU(IV-CIV)LCVR as an evidence informed regimen
 | October 23rd, 2014 |
| Adjuvant/curative Non-small cell Lung Regimens | * Addition of CRBPGEMC as an evidence informed regimen
 | October 20th 2014 |
| Palliative CNS Regimens | * Updated TMZL abstract
	+ Addition of alternative schedule
 | October 14th 2014 |
| Palliative Gastroesophageal Regimens | * Updated IRIN abstract
	+ Additional of alternative schedule
 | October 14th 2014 |
| Adjuvant/curative Anal Canal Regimens | * Addition of CAPEMTMC(RT) as an evidence informed regimen
 | October 14th 2014 |
| Palliative Cervical Regimens | * Addition of CISPGEMC, CISPPACL, CISPPACL+BEVA, CISPTOPO, CRBPPACL, CRBPPACL+BEVA and PACLTOPO+BEVA as evidence informed regimens
 | October 14th 2014 |
| Adjuvant/curative Head and Neck Regimens | * Addition of CRBP(RT-D) as an evidence informed regimen
 | October 14th 2014 |
| Adjuvant/curative Non-small Cell Regimens | * Addition of CRBP(RT-D) and CRBPVNBL(RT) as evidence informed regimens
* Updated CISPVNBL(RT) abstract
	+ Addition of alternative schedule
 | October 14th 2014 |
| Adjuvant/curative and Palliative Thymoma Regimens | * Addition of ADOC as an evidence informed regimen
 | October 14th 2014 |
| Palliative Non-small Cell Regimens | * Updated CRBPPACL(W) abstract
	+ Updated CRBP from AUC 6 to AUC 5-6
	+ Updated PACL from 90 mg/m2 to 80-90 mg/m2
* Updated GEMC abstract
	+ Addition of alternative schedule
 | October 14th 2014 |
| Palliative CLL Regimens | * Addition of note that universal access program is available for OFAT
 | October 14th 2014 |
| Adjuvant/curative and Palliative High Grade Lymphoma | * Documents uploaded to webpage
 | October 14th 2014 |
| Adjuvant/curative and Palliative AML | * Documents uploaded to webpage
 | October 14th 2014 |
| Adjuvant/curative and Palliative ALL | * Documents uploaded to webpage
 | October 14th 2014 |
| Palliative Ovarian Regimens | * Removed (MOD) from CISPGEMC regimen
 | August 15th, 2014 |
| Adjuvant/curative Vulvar Regimens | * Addition of CISP(RT-W) as an evidence-informed regimen
 | August 15th, 2014 |
| Adjuvant/curative and Palliative Ewing’s and Soft Tissue | * Documents for adjuvant/curative and palliative Ewing’s and Soft Tissue added to the webpage
 | August 8th, 2014 |
| Palliative Colorectal | * Regimen name change: CAPEBEVA was changed to CAPE+BEVA
 | August 8th, 2014 |
| Palliative Low Grade and Hairy Cell Leukemia | * Updated CLAD and CLAD+RITU abstract
	+ Addition of note that riTUXimab can be given concurrently or following Cladribine
	+ riTUXimab covered for 4 - 8 weeks
 | August 8th, 2014 |
| Adjuvant/Curative and Palliative Gastroesophageal Regimens | * Updated CISPFU and CRBPFU abstracts
	+ Cycle frequency updated to Q21-28 days
* Updated CISPFU(RT) abstracts
	+ Addition of alternative schedule
 | August 5th, 2014 |
| Adjuvant/Curative and Palliative Gastroesophageal Regimens | * Addition of CAPECRBP and CAPECISP as evidence informed regimens for palliative gastroesophageal
 | August 5th, 2014 |
| Adjuvant/Curative and Palliative Pancreatic Regimens | * Addition of FU(CIV-RT) to palliative pancreatic regimen list
 | July 30th, 2014 |
| Adjuvant/Curative Hepatobiliary Regimens | * Updated regimen code CISPGEMC to CISPGEMC(W)
* Updated GEMC abstracts
	+ Alternative 7/8 schedule is supported
 | July 23rd, 2014 |
| Palliative Hepatobiliary Regimens | * Updated CISPGEMC(W)
	+ Addition of alternative schedule
	+ Removed CISPGEMC as a code
* Updated GEMC abstract to state alternative 7/8 schedule is supported
 | July 23rd, 2014 |
| Adjuvant/Curative and Palliative Pancreatic Regimens | * Updated GEMC abstract to state the 7/8 schedule is supported
 | July 23th, 2014 |
| Adjuvant/Curative and Palliative Hodgkin’s Lymphoma Regimens | * Updated adjuvant/curative and palliative COPP abstracts
	+ Addition vinCRIStine schedule (days 1 and 8)
	+ Clarified Procarbazine dose is 100mg/m2 /day
 | July 17th, 2014 |
| Adjuvant/Curative and Palliative (course of treatment) Intermediate Grade Lymphoma | * Regimen name change: CEOP(PO) to CEOP and CEOP(PO)+RITU to CEOP+RITU
 | July 3rd, 2014 |
| Adjuvant/curative Gynecological Regimens | * Uploaded document for GTD regimens
 | June 30th, 2014 |
| Palliative T Cell Lymphoma | * Addition of ROMI as an evidence-informed regimen
 | June 25rd, 2014 |
| Palliative Myeloma | * Updated MPT abstract
	+ Addition of alternative schedule
 | June 25rd, 2014 |
| Adjuvant/Curative and Palliative (course of treatment) Intermediate Grade Lymphoma | * Addition of CEOP(PO)+RITU and CEOP(PO) as evidence-informed regimens
 | June 25rd, 2014 |
| Palliative Breast Regimens  | * Addition of NPAC(W)+PERT+TRAS and NPAC+PERT+TRAS as evidence-informed regimens
 | June 25rd, 2014 |
| All Evidence Informed Regimen Documents | * Update to all documents to include the following disclaimer: *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*
 | June 25rd 2014 |
| Palliative Ovarian Regimens | * Addition of CRBPACL+BEVA as an evidence-informed regimen
 | June 25rd, 2014 |
| Palliative Anal Canal Regimens  | * Addition of anal canal as a sub-disease for palliative intent
	+ Regimen added: CISPFU
 | June 25th, 2014 |
| Palliative Head and Neck Regimens | * Addition of thyroid as a sub-disease for palliative head and neck cancers
 | June 25th, 2014 |
| Clinical Trials List | * Update to the clinical trials list to include trials requested in Q1\_2014-15
 | June 25th, 2014 |
| Systemic Treatment Funding Model Clinical Trial Request Form | * New request form posted
 | June 25th, 2014 |
| Palliative Colorectal | * Updated FOLFIRI+CETU to note that CETU is not currently publicly funded for this regimen and intent
 | June 20th, 2014 |
| Palliative Adrenal Regimens  | * Addition of CAPEGEMC as an evidence-informed regimen
 | June 6th, 2014 |
| Adjuvant/Curative and Palliative (course of treatment) NSCLC Regimens | * Updated CRBPPACL abstract
	+ Updated CARBOplatin from AUC 5 to AUC 5-6, and PACLitaxel dose from 200-225 mg/m2 to 175-200 mg/m2
* Updated CRBPETOP(RT) abstract
	+ Addition of alternative schedule
	+ Updated Etoposide dose from 100 mg/m2 days 1-3 to 50 mg/m2 days 1-5, and changed from Q21 to Q28 days
 | June 2nd, 2014 |
| Palliative NSCLC Regimens | * Updated AFAT abstract
	+ Removed Q21 days
* Updated CRBPPACL abstract
	+ Changed CARBOplatin AUC 5 to AUC 5-6, and PACLitaxel dose from 200-225 mg/m2 to 175-200 mg/m2
 | June 2nd, 2014 |
| Palliative Breast Regimens  | * Funding update: KADC is publicly funded as of May 28th, 2014
 | May 28th, 2014 |
| Palliative Prostate Regimens | * Regimen name change: KETOPRED was changed to HCKETO
 | May 27th, 2014 |
| Palliative Prostate Regimens | * Addition of DOCEPRED and DOCE(W)PRED as evidence-informed regimens
 | April 4th, 2014 |