Ontario Health
Cancer Care Ontario

Updates from July 26, 2022

BREAST

Updated Section	Change Description	DF
	Palliative	
PACL(W)+PERTRAS(SC) New Regimen	Cycle 1: Paclitaxel 80 mg/m2 IV Days 1, 8; Pertuzumab 1200 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Cycles 2+: Paclitaxel 80 mg/m2 IV Days 1, 8; Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Q21 days	✓
PACL+PERTRAS(SC) New Regimen	Cycle 1: Paclitaxel 80 mg/m2 IV Days 1; Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Cycles 2+: Paclitaxel 80 mg/m2 IV Days 1; Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Q21 days	✓
NPAC(W)+PERTRAS(SC) New Regimen	nab-paclitaxel 100-150 mg/m2 IV Days 1 and 8; Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Q21 days	✓
NPAC+PERTRAS(SC) New Regimen	nab-paclitaxel 100-150 mg/m2 IV Days 1; Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Q21 days	✓
PERTRAS(SC) New Regimen	Pertuzumab 600 mg/ Trastuzumab 600 mg Subcut Day 1 - not currently publicly funded for this regimen and intent; Q21 days	✓

CNS

Updated Section	Change Description	DF
	Gliomas - Palliative	
DABRTRAM New 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 BRAF mutant R/R gliomas	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Pancreas - Palliative	
MFOLFIRINOX New Regimen (to replace FOLFIRINOX)	Oxaliplatin 85 mg/m2 IV Day 1; Leucovorin 400 mg/m2 IV day 1; Irinotecan 150 mg/m2 IV day 1; THEN Fluorouracil 2400 mg/m2 CIV over 46 hours, starting on day 1. Q14 days	✓
	Cholangiocarcinoma - Palliative	
PEMI New Regimen	Pemigatinib 13.5 mg PO Daily on Days 1 to 14 days - not currently publicly funded for this regimen and intent; Q21 days	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial - Palliative	
AVEL(MNT) Funding Change	Updated to reflect availability of avelumab through the New Drug Funding Program (NDFP).	✓
	Bladder/Urothelial - Adjuvant	
NIVL New Regimen	Nivolumab 240 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q14 Days (for up to 1 year)	✓

GYNECOLOGY

Updated Section	Change Description	DF
	Cervix - Palliative	
CRBBPACL+BEVA+PEMB Funding Change	Updated to reflect availability of bevacizumab through the New Drug Funding Program (NDFP).	✓
CISPPACL+BEVA+PEMB Funding Change	Updated to reflect availability of bevacizumab through the New Drug Funding Program (NDFP).	✓
CEMI New Regimen	Cemiplimab 350 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days	✓
	Ovary – Palliative	
TRAM New Regimen	Trametinib 2 mg PO Daily - not currently publicly funded for this regimen and intent	✓

HEAD and NECK

Updated Section	Change Description	DF
	Salivary Gland - Palliative	
DOCE+TRAS; TRAS(MNT) New Regimen	Cycle 1: Docetaxel 70mg/m2 IV Day 1; Trastuzumab 8 mg/kg IV Day 1- not currently publicly funded for this regimen and intent Cycle 2+: Docetaxel 70mg/m2 IV Day 1; Trastuzumab 6 mg/kg IV Day 1- not currently publicly funded for this regimen and intent	✓

Updated Section	Change Description	DF
	Q21 Days for a usual total of 6 cycles. Trastuzumab may continue until disease progression or unacceptable toxicity. Note: For HER2+ Salivary Duct Carcinoma	

HEMATOLOGY

Updated Section	Change Description	DF
	Non-Hodgkin's Lymphoma High Grade - Palliative	
BEND+POLA+RITU Funding Change	Updated to reflect availability of polatuzumab vedotin through the New Drug Funding Program (NDFP).	✓
	CLL - Palliative	
VENE+OBIN Funding Change	Updated to reflect availability of obinutuzumab through the New Drug Funding Program (NDFP).	✓
	Non-Hodgkin's Lymphoma Intermediate Grade - Palliative	
LENA+TAFA; TAFA(MNT) New Regimen	Cycle 1: Tafasitamab 12 mg/kg IV Days 1, 4, 8, 15, 22 – not currently publicly funded for this regimen and intent; Lenalidamide 25 mg PO Days 1 to 21 – not currently publicly funded for this regimen and intent; Cycles 2 to 3: Tafasitamab 12 mg/kg IV Days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Lenalidamide 25 mg PO Days 1 to 21 – not currently publicly funded for this regimen and intent; Cycles 4 to 12: Tafasitamab 12 mg/kg IV Days 1 and 15 – not currently publicly funded for this regimen and intent; Lenalidamide 25 mg PO Days 1 to 21 – not currently publicly funded for this regimen and intent; Q28 Days THEN (In patients with stable disease or better): Tafasitamab 12 mg/kg IV Days 1 and 15 – not currently publicly funded for this regimen and intent; Q28 Days until progression or unacceptable toxicity	✓
	Non-Hodgkin's Lymphoma Intermediate Grade - Curative	
MATRIX; ICE+RITU *(aka Marietta)* New Regimen	MATRIX (x2-3 cycles, then moving onto RICE) Rituximab IV 375mg/m2 (day 1) - prior approval required Methotrexate* IV 500 mg/m2 over 15 minutes, then 3000 mg/m2 over 3 hours (day 2) – with leucovorin rescue starting on day 3 Cytarabine* IV 2000 mg/m2 Q12H (day 3,4) Thiotepa* IV 30 mg/m2 (day 5) *given as inpatient; out of scope for ST-QBP funding ICE+RITU (for 3 cycles before proceeding to hematopoietic stem cell transplantation) Rituximab IV 375 mg/m2 (day 1) - prior approval required Etoposide IV 100 mg/m2 (day 1, 2, 3) Ifosfamide IV 5 g/m2 continuous infusion over 24 hours (day 2) – with mesna support Carboplatin IV AUC 5 (day 2) Note: Intrathecal chemo to be given as per local policies.	✓

Updated Section	Change Description	DF
	Multiple Myeloma - Palliative	
BORTDEXALENA(LD); BORTLENA(LD) (aka RVD- Lite) New Regimen	Alternate dosing for elderly non-transplant eligible patients Induction: Bortezomib 1.3 mg/m2 SC days 1, 8, 15, 22 (prior approval required) Lenalidomide 15 mg PO daily days 1-21 Dexamethasone 20 mg PO/IV days 1,2,8,9,15,16,22,23 (patients > 75 yrs given on days 1,8,15,22 only) Q35 days x 9 cycles Consolidation: Bortezomib 1.3 mg/m2 SC days 1, 15 - not currently publicly funded for this indication Lenalidomide 15 mg daily days 1-21 Q 28 days x 6 cycles	✓
BORTDEXASELI (Funding Change)	Updated to reflect availability of bortezomib and selinexor through a universal compassionate program.	✓

LUNG

Updated Section	Change Description	DF
	Non-Small Cell – Palliative	
CISPPEME+NIVL+IPIL Funding Change	Updated to reflect availability of nivolumab and ipilumumab through the New Drug Funding Program (NDFP).	✓
CRBPPEME+NIVL+IPIL New Regimen	Updated to reflect availability of nivolumab and ipilumumab through the New Drug Funding Program (NDFP).	✓
CRBPPACL+NIVL+IPIL New Regimen	Updated to reflect availability of nivolumab and ipilumumab through the New Drug Funding Program (NDFP).	✓
CISPGEMC+NIVL+IPIL New Regimen	CISplatin 75 mg/m2 IV Day 1; Gemcitabine 1000-1250 mg/m2 IV Days 1 and 8; Q21 Days x 2 cycles AND Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Not currently publicly funded for this regimen and intent; Q6 weeks until disease progression	✓
CRBPGEMC+NIVL+IPIL New Regimen	CARBOplatin AUC 5 IV Day 1; Gemcitabine 1000-1250 mg/m2 IV Days 1 and 8; Q21 Days x 2 cycles AND Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Not currently publicly funded for this regimen and intent; Q6 weeks until disease progression	✓
AMIV New Regimen	Amivantamab 1050 mg* IV Day 1 - Universal Compassionate program available; Q7 Days X 4 THEN Amivantamab 1050 mg* IV Day 1 - Universal Compassionate program available; Q14 Days	✓

	Note: For EGFR Exon20ins NSCLC *for patients over 80 kg, give 1400 mg	
Non-Small Cell - Neoadjuvant		
CRBPPACL+NIVL New Regimen	Nivolumab 360 mg IV Day 1 - Not currently publicly funded for this regimen and intent; CARBOplatin AUC 5-6 IV Day 1; PACLItaxel 175-200 mg/m2 Day 1; Q21 Days x 3 cycles	✓
CRBPPEME+NIVL New Regimen	Nivolumab 360 mg IV Day 1 - Not currently publicly funded for this regimen and intent; CARBOplatin AUC 5 IV Day 1; Pemetrexed 500 mg/m2 Day 1; Q21 Days x 3 cycles	✓
Non-Small Cell – Adjuvant		
ATEZ New Regimen	Atezolizumab 1200 mg IV Day 1 – not currently publicly funded for this regimen and intent; q21 days x 16 cycles (1 year) after the completion of cisplatin-based chemo	✓

SKIN

Updated Section	Change Description	DF
Melanoma – Palliative		
BINIENCO New Regimen	Binimetinib 45 mg PO BID – not currently publicly funded for this regimen and intent; Encorafenib 450 mg po daily – not currently publicly funded for this regimen and intent; Continuous until disease progression or unacceptable toxicity *for BRAF V600E or V600K mutation	✓
PEMB(FIXED) New Regimen	Pembrolizumab 200mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days (Q 3weeks) for up to 17 cycles or Pembrolizumab 400mg IV Day 1– not currently publicly funded for this regimen and intent; Q42 Days (Q 6 weeks) for up to 9 cycles Note: adjuvant treatment for patients with Stage IIB or IIC melanoma following complete resection.	✓

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.

Delisted Regimen	Regimen Details
Breast – Palliative	
NPAC(W)+ATEZ Delisted Regimen	Atezolizumab 840 mg IV Days 1 & 15 - Not currently publicly funded for this disease site and intent; nab-Paclitaxel 100 mg/m2 days 1, 8, 15 - Not currently publicly funded for this disease site and intent; Q28 days
Endocrine (Adrenal) - Palliative	
DOXO Delisted Regimen	DOXOrubicin 50 to 75 mg/m2 IV Day 1; Q21 days
Head and Neck - Palliative	

Delisted Regimen	Regimen Details
GEFI Delisted Regimen	Gefitinib 250 mg PO daily – Not currently publicly funded for this regimen and intent
Gastrointestinal (Colorectal) - Adjuvant	
FULCVR Delisted Regimen	Fluorouracil 400-425 mg/m² IV days 1-5; Leucovorin 20 mg/m² IV days 1-5. Q28 days
FULCVR(W) Delisted Regimen	Fluorouracil 500 mg/m2 IV days 1, 8, 15, 22, 29, 36; Leucovorin 500 mg/m2 days 1, 8, 15, 22, 29, 36. Q56 days
FULCVR(RT) Delisted Regimen	Cycle 1, 2: Fluorouracil 425 mg/m² IV days 1-5 Leucovorin 20 mg/m² IV days 1-5. Q28 days Cycles 3, 4: Fluorouracil 425 mg/m² IV days 1-4 Leucovorin 20 mg/m² IV days 1-4. Q28 days Concurrent with radiation Cycle 5, 6: Fluorouracil 425 mg/m² IV days 1-5 Leucovorin 20 mg/m² IV days 1-5. Q28 days
Gastrointestinal (Colorectal) - Palliative	
FULCVR(W) Delisted Regimen	Fluorouracil 500 mg/m2 IV days 1, 8, 15, 22, 29, 36; Leucovorin 500 mg/m2 days 1, 8, 15, 22, 29, 36. Q56 days
FULCVR(W)+BEVA Delisted Regimen	Fluorouracil 500 mg/m2 IV days 1, 8, 15, 22, 29, 36; Leucovorin 500 mg/m2 days 1, 8, 15, 22, 29, 36; Bevacizumab 5 mg/kg IV infusion every 2 weeks – Not currently publicly funded for this regimen and intent Q56 days
FOLFIRI+AFLI Delisted Regimen	Aflibercept 4 mg/kg of IV day 1 – Not currently publicly funded for this regimen and intent THEN Irinotecan 180 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 days
FLOX Delisted Regimen	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
FU Delisted Regimen	Fluorouracil 425 mg/m2 IV days 1-5. Q28 days
FU(CIV) Delisted Regimen	Fluorouracil 1000 mg/m²/day CIV over 24 hours, days 1-4. Q28 days
FU(W) Delisted Regimen	Fluorouracil 500 mg/m2 IV days 1,8,15,22,29,36; Q56 days
IRIN(WX4)+CETU Delisted Regimen	Irinotecan 125 mg/m² IV Days 1, 8, 15, 22 Q42 days Cetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly

Updates from March 31, 2022

BREAST

Updated Section	Change Description	DF
	Adjuvant	
CRBPPACL(W)+PEMB New Regimen	Paclitaxel 80mg/m2 IV Days 1, 8, 15; Carboplatin AUC 4-6 IV Day 1 (or 1.5 AUC IV Days 1, 8, 15); Pembrolizumab 200mg/m2 IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days for 4 cycles	✓
AC+PEMB New Regimen	DOXOrubicin 60 mg/m² IV day 1; Cyclophosphamide 600 mg/m² IV day 1; Pembrolizumab 200mg/m2 IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days for 4 cycles	✓
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓
ABEMANAS New Regimen	Anastrozole 1mg PO daily Abemaciclib 150 mg PO BID - not currently publicly funded for this regimen and intent Continuous for 2 years	✓
ABEMEXEM New Regimen	Exemestane 25mg PO daily Abemaciclib 150 mg PO BID - not currently publicly funded for this regimen and intent Continuous for 2 years	✓
ABEMLETR New Regimen	Letrozole 2.5 mg PO daily Abemaciclib 150 mg PO BID - not currently publicly funded for this regimen and intent Continuous for 2 years	✓
ABEMTMXF New Regimen	Tamoxifen 20 mg PO daily Abemaciclib 150 mg PO BID - not currently publicly funded for this regimen and intent Continuous for 2 years	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Esophageal - Palliative	
CRBPFU+PEMB New Regimen	Carboplatin AUV 4-5 IV Day 1; Fluorouracil 800 mg/m2 CIV Daily on Days 1 to 5; Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
	Colorectal – Palliative	
PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
	Hepatobiliary / Liver / Bile Duct - Adjuvant	
CAPE	Capecitabine 1250 mg/m2 PO BID Days 1-14; Q21 Days	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial - Palliative	
ENFO Funding Change	Updated to reflect availability of enfortumab vedotin through a universal compassionate access program	✓

GYNECOLOGY

Updated Section	Change Description	DF
	Cervix - Palliative	
CRBBPACL+PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; CARBOplatin AUC 4-6 IV Day 1; Paclitaxel 135-175 mg/2 IV Day 1; Q21 Days	✓
CRBBPACL+BEVA+PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; CARBOplatin AUC 4-6 IV Day 1; Paclitaxel 135-175 mg/2 IV Day 1; Bevacizumab 15 mg/kg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓
CISPPACL+PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; CISplatin 50 mg/m2 IV Day 1; Paclitaxel 135-175 mg/2 IV Day 1; Q21 Days	✓
CISPPACL+BEVA+PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; CISplatin 50 mg/m2 IV Day 1; Paclitaxel 135-175 mg/2 IV Day 1; Bevacizumab 15 mg/kg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓
PEMB(MNT) New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓
	Endometrial - Palliative	
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓
LENV+PEMB New Regimen	Lenvatinib 20 mg PO once daily - not currently publicly funded for this regimen and intent; Pembrolizumab 200 mg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days (for up to 35 cycles)	✓

HEAD AND NECK

Updated Section	Change Description	DF
	Nasopharyngeal - Adjuvant	
CAPE New Regimen	Capecitabine 650 mg/m² PO BID; Continuous for up to 1 year	✓

HEMATOLOGY

Updated Section	Change Description	DF
	ALL - Curative	
PEGA(DESEN) Funding Change	Updated to reflect availability of pegaspargase through the New Drug Funding Program (NDFP).	✓
DANAFARBER(INT-PEG) Funding Change	Updated to reflect availability of pegaspargase through the New Drug Funding Program (NDFP).	✓
BLIN New Regimen	Cycle 1: Blinatumomab 9 mcg/day CIV for 7 days THEN Blinatumomab 28 mcg/day CIV for 21 days Cycles 2 to 5: Blinatumomab 28 mcg/day CIV for 28 days Q42 days	✓
HYPERCVAD+PEG New Regimen	Adapted for outpatient administration Course A: Cyclophosphamide 600 mg/m2 days 1-3 (max dose 1320 mg); DOXOrubicin 50 mg/m2 day 3; vinCRIStine 1.4 mg/m2 (max dose 2 mg) days 3 and 11; Pegaspargase 1000 units/m2 IV Day 5; Dexamethasone 40 mg PO days 1, 2, 3, 4, 11, 12, 13, 14. Q21-28 days Course B: Inpatient	✓
	T-Cell Lymphoma (ENKTL) - Curative	
SMILE(PEG) New Regimen	To be given as inpatient: Methotrexate 2000 mg /m² IV Day 1 Leucovorin 15 mg IV / PO q6h Days 2 to 4 Ifosfamide 1500 mg /m² IV Days 2 to 4 Mesna 300 mg /m² IV Days 2 to 4, immediately before ifosfamide, and at 4 and 8 hrs post-ifosfamide Dexamethasone 40 mg IV / PO Days 2 to 4 Etoposide 100 mg /m² IV Days 2 to 4 To be given as outpatient: Pegaspargase 2500* units /m² IV / IM Day 8 * Maximum pegaspargase dose 3750 mg	✓
	NK/T-Cell Lymphoma - Curative	
DDGP Funding Change	Updated to reflect availability of pegaspargase through the New Drug Funding Program (NDFP).	✓
	Lymphoma - Non-Hodgkin's Intermediate Grade - Curative	
GDCRBP New 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	✓
	Lymphoma - Non-Hodgkin's Intermediate Grade – Curative & Palliative	
GDCRBP+RITU New Regimen	Rituximab 375mg/m2 IV Day 1; Gemcitabine 1000 mg/m2 IV day 1 and 8; Dexamethasone 40 mg PO days 1-4; CARBOplatin AUC 5 IV day 1. Q21 days	✓
	AML - Palliative	

Updated Section	Change Description	DF
GILT New Regimen	Gilteritinib 120 mg PO daily – not currently publicly funded for this regimen and intent; Continuous For relapsed or refractory acute myeloid leukemia (AML) with a FLT3 mutation	✓

LUNG

Updated Section	Change Description	DF
	Non-Small Cell - Palliative	
SOTO New Regimen	Sotorasib 960 mg PO daily – not currently publicly funded for this regimen and intent; Continuous until disease progression or unacceptable toxicity. For KRAS G12C mutated NSCLC	✓
ENTR New Regimen	Entrectinib (up to 600) mg PO Daily Note: For first-line treatment of locally advanced or metastatic ROS1 fusion-positive NSCLC	✓

Updates from December 1, 2021

MULTIPLE DISEASE SITES

Updated Section	Change Description	DF
	NTRK fusion-positive cancers - Palliative	
LARO New Regimen	Larotrectinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Continuous until disease progression	✓

BREAST

Updated Section	Change Description	DF
	Palliative	
ENHE New Regimen	Trastuzumab deruxtecan (Enhertu) 5.4 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days	✓
PACL(W)+PEMB New Regimen	Pembrolizumab 200mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days(for up to 2 years) with Paclitaxel 90mg/m2 IV Days 1, 8, 15; Q28 Days Note: For first line treatment of metastatic triple negative breast cancer	✓
NPAC(W)+PEMB New Regimen	Pembrolizumab 200mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days(for up to 2 years) with nab-paclitaxel 100mg/m2 Days 1, 8, 15; Q28 Days Note: For first line treatment of metastatic triple negative breast cancer	✓
CRBPGEMC(W)+PEMB New Regimen	Pembrolizumab 200mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days(for up to 2 years) with CARBOplatin AUC2 IV Days 1 and 8; Gemcitabine 1000 mg/m2 day IV Days 1 and 8; Q21 days. Note: For first line treatment of metastatic triple negative breast cancer	✓

Updated Section	Change Description	DF
SACI New Regimen	Sacituzumab govitecan 10 mg/kg IV Days 1 & 8– Not currently publicly funded for this regimen and intent; Q21 days	✓
	Adjuvant	
OLAP New Regimen	After completion of local treatment and neoadjuvant or adjuvant systemic treatment: Olaparib 300mg PO BID – not currently publicly funded for this regimen and intent; Continuous for 52 weeks *Note: for HER2 negative patients with germline BRCA1 or BRCA2 pathogenic or likely pathogenic variants*	✓
	Neoadjuvant	
CRBPPACL(W) New Regimen	Paclitaxel 80 mg/m2 IV Days 1, 8, 15; CARBOplatin AUC 4-6 IV Day 1 Q21Days x 4 cycles Followed by AC(DD) x 4 cycles per usual standard *Note: For high risk triple negative breast cancer*	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Esophagus - Palliative	
CISPFU+PEMB New Regimen	CISplatin 80 mg/m2 IV Day 1; Fluorouracil 800 mg/m2 CIV Daily on Days 1 to 5; Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
FU+PEMB New Regimen	Fluorouracil 800 mg/m2 CIV Daily on Days 1 to 5; Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days for up to 2 years in total	✓
CAPECISP+PEMB New Regimen	CISplatin 80 mg/m2 IV Day 1; Capecitabine 1,000 - 1,250 mg/m2 PO BID days 1 to14 Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
CAPE+PEMB New Regimen	Capecitabine 1,000 - 1,250 mg/m2 PO BID days 1 to14 Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
XELOX+PEMB New Regimen	Pembrolizumab 200 mg* IV Day 1 – Not currently publicly funded for this regimen and intent; with Capecitabine 1000 mg/m2 PO bid Days 1-14; Oxaliplatin 130 mg/m2 IV Day 1; Q21 Days	✓
MFOLFOX6+PEMB New Regimen	Pembrolizumab 200 mg* IV Day 1 – Not currently publicly funded for this regimen and intent; with Oxaliplatin 85 mg/m2 IV Day 1; Leucovorin 400 mg/m2 IV Day 1; Fluorouracil IV 400 mg/m2 IV bolus Day 1; Fluorouracil 2400 mg/m2 CIV over 46 hours starting on Day 1;	✓

Updated Section	Change Description	DF
	Q14 Days	
	Gastric/Stomach, Esophagus – Palliative	
XELOX+NIVL New Regimen	Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Capecitabine 1000 mg/m2 PO bid Days 1-14; Oxaliplatin 130 mg/m2 IV Day 1; Q21 Days	✓
MFOLFOX6+NIVL New Regimen	Nivolumab 240 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Oxaliplatin 85 mg/m2 IV Day 1; Leucovorin 400 mg/m2 IV Day 1; Fluorouracil IV 400 mg/m2 IV bolus Day 1; Fluorouracil 2400 mg/m2 CIV over 46 hours starting on Day 1; Q14 Days	✓
CISPFU+NIVL New Regimen	CISplatin 80 mg/m2 IV Day 1; Fluorouracil 800 mg/m2 CIV Daily on Days 1 to 5; Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days	✓
CRBPFU+NIVL New Regimen	CARBOplatin AUC 5 IV Day 1; Fluorouracil 800 mg/m2 CIV Daily on Days 1 to 5; Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days	✓
CAPECRBP+NIVL New Regimen	CARBOplatin AUC 5 IV Day 1; Capecitabine 1,000 - 1,250 mg/m2 PO BID days 1 to14 Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days	✓
CAPECISP+NIVL New Regimen	CISplatin 60 mg/m2 IV Day 1; Capecitabine 1,000 - 1,250 mg/m2 PO BID days 1 to14 Nivolumab 360 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days	✓
	Esophagus – Adjuvant	
NIVL New Regimen	Nivolumab 240 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q14 days x 16 weeks THEN Nivolumab 480 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q28 Days for up to one year	✓
	Peritoneal Mesothelioma – Palliative	
CRBPPEME New Regimen	CARBOplatin AUC 5 IV Day 1; Pemetrexed 500 mg/m2 IV Day 1; Q21 Days	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial - Palliative	
ENFO New Regimen	Enfortumab vedotin 1.25 mg/kg (maximum dose 125 mg) IV days 1, 8, 15 – not currently publicly funded for this regimen and intent;	✓

Updated Section	Change Description	DF
	Q28 Days	
ERDA New Regimen	Erdafitinib 8 mg PO daily (increased to 9 mg daily if tolerated after 14-21 days) – not currently publicly funded for this regimen and intent; Continuous until disease progression or toxicity *Note: for patients with FGFR alterations*	✓
DURV New Regimen	Durvalumab 10 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent; Q14 Days	✓
Renal Cell/Kidney – Adjuvant		
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 Days (for up to 17 cycles)	✓

GYNECOLOGY

Updated Section	Change Description	DF
Vulva - Palliative		
CRBBPACL New Regimen	CARBOplatin AUC 4-6 IV Day 1; Paclitaxel 135-175 mg/2 IV Day 1; Q21 Days	✓

HEMATOLOGY

Updated Section	Change Description	DF
Multiple Myeloma - Palliative		
CARFCYCLDEXA New Regimen	Cycle 1: Carfilzomib 20mg/m2 IV day 1 - Not currently publicly funded for this regimen and intent; Carfilzomib 70mg/m2 days 8, 15 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 300 mg/m2 (up to 500 mg) PO Days 1, 8, 15, 22; Dexamethasone 40 mg IV/PO days 1, 8, 15, 22; Cycle 2 and beyond: Carfilzomib 70mg/m2 days 1, 8, 15 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 300 mg/m2 (up to 500 mg) PO Days 1, 8, 15, 22; Dexamethasone 40 mg IV/PO days 1, 8, 15, 22; Q28 days until disease progression or toxicity (up to a max of 12 cycles for cyclophosphamide)	✓
Lymphoma - Non-Hodgkin's Low Grade – Palliative		
ZANU New Regimen	Zanubrutinib 160 mg PO BID – not currently publicly funded for this regimen and intent; Continuous until disease progression or toxicity. Note: For Mantle Cell Lymphoma and Waldenstrom's Macroblobulinemia	✓
Hodgkin Lymphoma – Curative		
AVD+BREN New Regimen	Doxorubicin 25 mg/m2 IV Days 1 and 15; Vinblastine 6 mg/m2 Days 1 and 15; Dacarbazine 375 mg/m2 IV Days 1 and 15; Brentuximab vedotin 1.2 mg/kg IV Days 1 and 15; Q28 Days (for up to 6 cycles)	✓
BREN(CONS) Funding Change	Updated to reflect availability of brentuximab vedotin through the New Drug Funding Program (NDFP).	✓

Updated Section	Change Description	DF
	Cutaneous T-cell lymphoma, Mycosis Fungoides – Palliative	
BREN New Regimen	Brentuximab vedotin 1.8 mg/kg IV Day 1; Q28 Days (for up to 16 cycles)	✓
	AML – Curative	
CYTA(HD)+GEMT New Regimen	Cytarabine 3000 mg/m2 Q12h Days 1,3,5; Gemtuzumab ozogamicin 3mg/m2 Day 1; For up to 2 cycles	✓
	AML – Palliative	
CYTADAUN+GEMT Funding Change	Updated to reflect availability of gemtuzumab ozogamicin through the New Drug Funding Program (NDFP).	✓

LUNG

Updated Section	Change Description	DF
	Non-Small Cell - Palliative	
CAPM New Regimen	Capmatinib 400 mg PO BID until disease progression – not currently publicly funded for this regimen and intent *Note: For patients with MET dysregulated advanced NSCLC (MET exon 14 skipping mutation or MET amplification)*	✓
PRLS New Regimen	Pralsetinib 400 mg PO daily until disease progression – not currently publicly funded for this regimen and intent *Note: for RET-fusion positive NSCLC in patients who have had previous platinum-based chemotherapy*	✓
	Small Cell – Palliative	
CISPETOP(PO)+DURV New Regimen	CISplatin 75 mg/m² IV day 1; Etoposide 200 mg/m² PO days 1-3. Durvalumab 1500 mg IV Day 1 – Universal Compassionate Access available; Q21 days	✓
CRBPETOP(PO)+DURV New Regimen	CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3. Durvalumab 1500 mg IV Day 1 – Universal Compassionate Access available; Q21 days	✓
CISPETOP+DURV Funding Change	Updated to reflect availability of durvalumab through a universal compassionate access program	✓
CRBPETOP+DRUV Funding Change	Updated to reflect availability of durvalumab through a universal compassionate access program	✓
DURV(MNT) Funding Change	Updated to reflect availability of durvalumab through a universal compassionate access program	✓
LURB Funding Change	Updated to reflect availability of lurbinectedin through a universal compassionate access program	✓

Updates from October 1, 2021

MULTIPLE DISEASE SITES

Updated Section	Change Description	DF
	Small Cell - Palliative	
TOPO New Regimen	Topotecan 1.5 mg/m2 IV Days 1 to 5; Q21 Days	✓

HEAD AND NECK

Updated Section	Change Description	DF
	Squamous – Palliative	

Updated Section	Change Description	DF
CISPFU+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
CRBPFU+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
PEMB(MNT) Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
CRBPPACL+PEMB New Regimen	Paclitaxel 175-200 mg/m2 IV Day 1; Pembrolizumab 2 mg/kg (up to 200 mg) IV Day 1; Q21 Days x 6 cycles	✓

HEMATOLOGY

Updated Section	Change Description	DF
	Primary CNS Lymphoma - Palliative	
MPV+RITU New Regimen	Rituximab 500 mg/m2 Cycle day 1- Not Currently Publicly funded for this regimen and intent *Methotrexate 3500 mg IV Cycle day 2 *Vinctristine 1.4 mg/m2 IV cycle day 2 *Procarbazine 100 mg/m2 PO daily days 1-7 on odd cycles. Q14 days *inpatient administration	✓
	Rare Diseases – Palliative	
CLAD New Regimen	For Aggressive Mastocytosis: Cladribine 0.14 mg/kg/day IV Days 1 to 5; Q28 Days	✓

LUNG

Updated Section	Change Description	DF
	Mesothelioma - Palliative	
NIVL+IPIL New Regimen	Nivolumab 3 mg/kg IV Day 1- Not currently publicly funded for this regimen and intent; Q14 Days (every 2 weeks) and Ipilimumab 1 mg/kg IV- Not currently publicly funded for this regimen and intent; Q42 Days (every 6 weeks) for up to 2 years	✓
	Small Cell – Palliative	
LURB New Regimen	Lurbinectedin 3.2 mg/m2 IV Day 1- Not currently publicly funded for this regimen and intent; Q21 Days	✓
	Non-Small Cell – Palliative	
SELP New Regimen	Selpercatinib 160 mg PO BID – not currently publicly funded for this regimen and intent; Continuous Note: For RET fusion positive NSCLC	✓

SKIN

Updated Section	Change Description	DF
	Melanoma – Adjuvant/Curative	

Updated Section	Change Description	DF
NIVL+IPIL New Regimen	Nivolumab 1 mg/kg IV Day1- Not currently publicly funded for this regimen and intent; Ipilimumab 3 mg/kg IV Day 1 - Not currently publicly funded for this regimen and intent; q21d for 4 cycles	✓
NIVL(MNT) New Regimen	Nivolumab 3 mg/kg IV Day1- Not currently publicly funded for this regimen and intent; Q14 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

Delisted Regimen	Description
Hairy Cell, Myelofibrosis, CML – Palliative	
IFNA(SC) Delisted Regimen	Hairy Cell: Interferon 2 MU/m2 SC 3 times/week – Not currently publicly funded for this regimen and intent Myelofibrosis: Interferon 2-5 MU/m2 SC 3 times/week Doses can vary CML: Interferon 2-5 MU/m2 SC daily Doses can vary
ATLL - Palliative	
IFNAZIDO Delisted Regimen	antiretroviral agent zidovudine 300 mg 3x/day PO interferon 2-10 MU daily

SKIN

Delisted Regimen	Description
Melanoma – Palliative	
IFNA(IND-MNT(SC)) Delisted Regimen	Induction IV: Interferon alfa-2b 20 MU/m² IV days 1-5 weekly x 4 weeks THEN Maintenance SC: Interferon alfa-2b 10 MU/m² SC 3 weekly x48 weeks

Updates from June 1, 2021

GENITOURINARY

Updated Section	Change Description	DF
Bladder/Urothelial - Palliative		
AVEL(MNT) Funding Change	Updated to reflect availability of avelumab through a universal compassionate access program.	✓
PEMB New Regimen	Pembrolizumab 2 mg /kg IV Day 1*; Q21 Days (*Maximum 200 mg)	
Bladder/Urothelial, Prostate – Palliative		
CRBPETOP(PO) New Regimen	CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3. Q21 days	✓
Renal Cell – Palliative		
AXIT+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

HEMATOLOGY

Updated Section	Change Description	DF
	Lymphoma - Non-Hodgkin's Low Grade – Palliative	
CEOP+OBIN New Regimen	Cycle 1: oBINutuzumab 1000 mg IV Days 1, 8, 15; Cyclophosphamide 750 mg/m2 IV Day 1; Etoposide 50 mg/m2 IV Day 1; then Etoposide 100 mg/m2 PO Days 2-3; Vincristine 1.4 mg/m2 (max 2 mg) IV Day 1; Prednisone 100 mg PO Days 1-5 Cycles 2-6: oBINutuzumab 1000 mg Day 1; Cyclophosphamide 750 mg/m2 IV Day 1; Etoposide 50 mg/m2 IV Day 1; then Etoposide 100 mg/m2 PO Days 2-3; Vincristine 1.4 mg/m2 (max 2 mg) IV Day 1; Prednisone 100 mg PO Days 1-5 Q28 days	✓
	Multiple Myeloma (Amyloidosis) - Palliative	
CYBORD+DARA(SC) New Regimen	Cycles 1 and 2: Cyclophosphamide 300 mg/m2 PO once daily on Days 1, 8, 15, & 22; Bortezomib 1.3 mg/m2 Subcut Days 1, 8, 15, & 22 – not currently publicly funded for this regimen and intent; Dexamethasone 40* mg PO once daily on Days 1, 8, 15, & 22; Daratumumab 1800 mg subcut Days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Cycles 3 to 6: Cyclophosphamide 300 mg/m2 PO once daily on Days 1, 8, 15, & 22; Bortezomib 1.3 mg/m2 Subcut Days 1, 8, 15, & 22 – not currently publicly funded for this regimen and intent; Dexamethasone 40* mg PO once daily on Days 1, 8, 15, & 22; Daratumumab 1800 mg subcut Days 1 & 15 – not currently publicly funded for this regimen and intent; Q28 Days	✓
DARA(SC-MNT) New Regimen	Cycles 7+: Daratumumab 1800 mg subcut Day 1 – not currently publicly funded for this regimen and intent; Q28 Days for up to a maximum of 2 years *consider a lower dose (eg. 20 mg) if clinically appropriate	✓
	AML – Palliative	
AZCT(MNT-PO) New Regimen	Azacitidine 300 mg PO daily on Days 1 to 14 – not currently publicly funded for this regimen and intent; Q28 days	✓
	Myelofibrosis – Palliative	
FEDR New Regimen	Fedratinib 400 mg PO daily – Not currently publicly funded for this regimen and intent	✓

SKIN

Updated Section	Change Description	DF
	Basal Cell – Palliative	
SONI New Regimen	Sonidegib 200 mg daily - not currently publicly funded for this regimen and intent	✓

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.

Delisted Regimen	Description
	Breast - Palliative
EPIR Delisted Regimen	EPIrubicin 60-90 mg/m2 IV day 1. Q21 days
FAC Delisted Regimen	Fluorouracil 500 mg/m2 IV day 1; DOXOrubicin 50 mg/m2 IV day 1; Cyclophosphamide 500 mg/m2 IV day 1. Q21 days

Updates from March 1, 2021

BREAST

Updated Section	Change Description	DF
	Adjuvant	
KADC Funding Change	Updated to reflect availability of trastuzumab emtansine through the New Drug Funding Program (NDFP).	✓
	Palliative	
FLVSPALB Funding Change	Updated to reflect availability of palbociclib through the Ontario Drug Benefit Exceptional Access Program (ODB-EAP)	✓
FLVSRIBO Funding Change	Updated to reflect availability of ribociclib through the Ontario Drug Benefit Exceptional Access Program (ODB-EAP)	✓

ENDOCRINE

Updated Section	Change Description	DF
	Thyroid - Palliative	
GEMOX New Regimen	Gemcitabine 1000 mg/m2 IV Day 1; Oxaliplatin 100 mg/m2 IV Day 1; Q14 Days for a usual total of up to 12 cycles.	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Colorectal – Palliative	
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 – not currently publicly funded for this regimen and intent; Q 21 Days Note: For the first line treatment of patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer	✓
	GIST – Palliative	
RIPR New Regimen	Ripretinib 150 mg PO daily – Not currently publicly funded for this regimen and intent; Continuous until disease progression	✓
	Hepatobiliary/Liver/Bile Duct - Palliative	

Updated Section	Change Description	DF
ATEZBEVA Funding Change	Updated to reflect availability of atezolizumab through a universal compassionate access program. Updated to reflect availability of bevacizumab through a universal compassionate access program.	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial - Palliative	
AVEL(MNT) New Regimen	Avelumab 10 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent; Q 14 days until disease progression	✓
	Prostate – Palliative	
OLAP New Regimen	Olaparib tablets 300 mg PO BID- not currently publicly funded for this regimen and intent; Continuous, until disease progression or unacceptable toxicity	✓

GYNECOLOGY

Updated Section	Change Description	DF
	Disease sites where CRBPPACL is approved – Adjuvant/Curative & Palliative	
CRBPNPAC New Regimen	nab-PACLitaxel 260 mg/m2 IV Day 1 - not currently publicly funded for this regimen and intent; CARBOplatin AUC 5-6 IV Day 1; Q21-28 days	✓
	Endometrial/Uterine – Palliative	
CRBPPACL+TRAS New Regimen	PACLItaxel 175 mg/m2 IV Day 1; CARBOplatin AUC 5 IV Day 1; Trastuzumab 8mg/kg (loading dose, cycle 1), then 6mg/kg in subsequent cycles IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days for up to 6 cycles	✓
TRAS New Regimen	Following CRBPPACL+TRAS: Trastuzumab 6mg/kg IV Day 1 - not currently publicly funded for this regimen and intent; Q21 Days	✓

HEMATOLOGY

Updated Section	Change Description	DF
	ALL – Adjuvant/Curative	
PEGA(DESENS) New Regimen	Pegaspargase administered through a 12 step graduated rate desensitization – Not currently publicly funded for this regimen and intent;	✓
	AML – Palliative	
AZCT Patient Criteria Update	Updated to reflect new patient criteria for azacitidene funding through the New Drug Funding Program (NDFP).	✓
	CMML & MDS – Palliative	
CEDADECI New Regimen	Decitabine/cedazuridine 35mg/100 mg – 1 tablet once daily for 5 days – Not currently publicly funded for this regimen and intent; Q28 days	✓
	Multiple Myeloma - Palliative	
BORTDEXALENA Funding Change	Updated to reflect availability of bortezomib through the New Drug Funding Program (NDFP).	✓

LUNG

Updated Section	Change Description	DF
Non-Small Cell – Adjuvant/Curative		
OSIM New Regimen	Osimertinib 80 mg PO daily – not currently publicly funded for this regimen and intent; Continuous for 3 years Note: for EGFR-mutation positive NSCLC	✓
Non-Small Cell - Palliative		
CRIZ Funding Change	Updated to reflect availability of crizotinib through the Ontario Drug Benefit Exceptional Access Program (ODB-EAP)	✓
Non-Small Cell (Squamous) – Palliative		
CISPPEME+NIVL+IPIL New Regimen	CISplatin 75 mg/m2 IV Day 1; Pemetrexed 500 mg/m2 IV Day 1; Q21 Days x 2 cycles AND Nivolumab 360 mg IV Day 1 – Universal Compassionate Access program available; Q21 Days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Universal Compassionate Access program available; Q6 weeks until disease progression	✓
CRBPPEME+NIVL+IPIL New Regimen	CARBOplatin AUC 5- 6 IV Day 1; Pemetrexed 500 mg/m2 IV Day 1; Q21 Days x 2 cycles AND Nivolumab 360 mg IV Day 1 – Universal Compassionate Access program available; Q21 Days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Universal Compassionate Access program available; Q6 weeks until disease progression	✓
CRBPPACL+NIVL+IPIL New Regimen	CARBOplatin AUC 6 IV Day 1; Paclitaxel 200 mg/m2 IV Day 1; Q3 weeks x 2 cycles AND Nivolumab 360 mg IV Day 1 – Universal Compassionate Access program available; Q21 days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Universal Compassionate Access program available; Q6 weeks until disease progression Note: For squamous NSCLC	✓
NIVL+IPIL(MNT) New Regimen	Following CISPPEME+NIVL+IPIL or CRBPPEME+NIVL+IPIL or CRBPPACL+NIVL+IPIL: Nivolumab 360 mg IV Day 1 – Universal Compassionate Access program available; Q21 days until disease progression Ipilimumab 1 mg/kg IV Day 1 – Universal Compassionate Access program available; Q6 weeks until disease progression	✓
Small Cell - Palliative		
CISPETOP+DURV New Regimen	Durvalumab 1500 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Etoposide 80-100 mg/m2 IV Days 1 to 3; CISplatin 75-80 mg/m2 Day 1; Q21 Days	✓
CRBPETOP+DURV New Regimen	Durvalumab 1500 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Etoposide 80-100 mg/m2 IV Days 1 to 3; CARBOplatin AUC 5-6 Day 1; Q21 Days	✓
DURV(MNT) New Regimen	Following CISPETOP+DURV or CRBPETOP+DURV:	✓

Updated Section	Change Description	DF
	Durvalumab 1500 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q28 Days	

SARCOMA

Updated Section	Change Description	DF
	Adjuvant/Curative	
CYCLVINO New Regimen	Vinorelbine 25mg/m2 IV d1,8,15; Q28 Days with Cyclophosphamide 25 mg/m2 PO daily x 28 days	✓

SKIN

Updated Section	Change Description	DF
	Squamous Cell - Palliative	
CEMI Funding Change	Updated to reflect availability of cemiplimab through the New Drug Funding Program (NDFP).	✓

Updates from November 1, 2020

BREAST

Updated Section	Change Description	DF
	Adjuvant	
ANAS Funding Change	Updated to reflect availability of anastrozole through the ODB General Benefit (ODB GB)	✓
LETR Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓
EXEM Funding Change	Updated to reflect availability of exemestane through the ODB General Benefit (ODB GB)	✓
	Palliative	
CAPETUCA+TRAS New Regimen	Tucatinib 300 mg PO BID continuous – not currently publicly funded for this regimen and intent; Capecitabine 1000 mg/m2 PO BID days 1 to 14; Trastuzumab 8 mg/kg IV loading dose, then 6 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent; Q21 days.	✓
ANAS Funding Change	Updated to reflect availability of anastrozole through the ODB General Benefit (ODB GB)	✓
ANASPALB Funding Change	Updated to reflect availability of anastrozole through the ODB General Benefit (ODB GB)	✓
ANASRIBO Funding Change	Updated to reflect availability of anastrozole through the ODB General Benefit (ODB GB)	✓
ABEMANAS Funding Change	Updated to reflect availability of anastrozole through the ODB General Benefit (ODB GB)	✓
LETR Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓
LETRPALB Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓
ABEMLETR Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓

Updated Section	Change Description	DF
LETRRIBO Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓
EXEM Funding Change	Updated to reflect availability of exemestane through the ODB General Benefit (ODB GB)	✓
EXEMRIBO Funding Change	Updated to reflect availability of exemestane through the ODB General Benefit (ODB GB)	✓
EXEMPAMB Funding Change	Updated to reflect availability of exemestane through the ODB General Benefit (ODB GB)	✓
EVEREXEM Funding Change	Updated to reflect availability of exemestane through the ODB General Benefit (ODB GB)	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Bladder/Kidney - Palliative	
CABO Funding Change	Updated to reflect availability of cabozantinib through the Ontario Drug Benefit – Exceptional Access Program (ODB EAP).	✓
	Colorectal - Palliative	
ENCO+CETU New Regimen	Encorafenib 300 mg po daily continuous – Not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m2 IV Day 1 (loading dose) – Not currently publicly funded for this regimen and intent; Then Cetuximab 250 mg/m2 IV Day 1 – Not currently publicly funded for this regimen and intent; Q 7 Days	✓
	Hepatobilary - Palliative	
ATEZBEVA New Regimen	Atezolizumab 1200 mg IV - Not currently publicly funded for this regimen and intent; Bevacizumab 15 mg/kg IV - Not currently publicly funded for this regimen and intent; Q21 days	✓
	Stomach/Esophagus – Palliative	
MFOLFOX6+TRAS New Regimen	Oxaliplatin 85 mg/m2 IV Day 1; Leucovorin 400 mg/m2 IV Day 1; Fluorourocil 400 mg/m2 IV bolus Day 1; Fluorouracil 2400 mg/m2 CIV over 46 hours starting on Day 1; Q14 Days AND Trastuzumab 8 mg/kg load (followed by 6 mg/kg maintenance) IV- Not currently publicly funded for this regimen and intent; Q21 days	✓
XELOX+TRAS New Regimen	Oxaliplatin 130 mg/m2 IV Day 1; Capecitabine 1000 mg/m2 orally bid days 1-14; Trastuzumab 8 mg/kg load (followed by 6 mg/kg maintenance) IV - Not currently publicly funded for this regimen and intent; Q21 Days	✓

GYNECOLOGY

Updated Section	Change Description	DF
	Endometrial - Palliative	
ANAS	Anastrozole 1 mg PO daily;	✓

Updated Section	Change Description	DF
New Regimen	Continuous until progression	
EXEM New Regimen	Exemestane 25 mg PO daily; Continuous until progression	✓
Ovary - Palliative		
LETR Funding Change	Updated to reflect availability of letrozole through the ODB General Benefit (ODB GB)	✓
NIRP New Regimen	To start within 8 weeks of completing platinum-based therapy: Niraparib 300 mg* PO Daily – Not currently publicly funded for this regimen and intent; Q28 Days. *for patients with low baseline platelets (<150x10^9/L) and weight <77 kg, the starting dose of niraparib is 200 mg.	✓
CISPDOCE New Regimen	CISplatin 75 mg/m2 IV Day 1; Docetaxel 75 mg/m2 IV Day 1; Q21 Day Note: for use in patients unable to tolerate carboplatin and paclitaxel.	✓

HEAD AND NECK

Updated Section	Change Description	DF
Squamous - Palliative		
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q 21 Days (up to 35 cycles) Note: For PDL1 positive recurrent or metastatic HNSCC	✓
CISPFU+PEMB New Regimen	CISplatin 100 mg/m2 IV Day 1; Fluorouracil 1000 mg/m2 CIV Daily on Days 1 to 4; Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
CRBPFU+PEMB New Regimen	CARBOplatin AUC 5 IV Day 1; Fluorouracil 1000 mg/m2 CIV Daily on Days 1 to 4; Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days X 6 cycles	✓
PEMB(MNT) New Regimen	Pembrolizumab 200 mg IV Day 1 – Not currently publicly funded for this regimen and intent; Q21 Days (for up to a total of 24 months)	✓

HEMATOLOGY

Updated Section	Change Description	DF
Lymphoma – Non-Hodgkin's Intermediate/High Grade – Curative		
DHAP+R New Regimen	Cycle 1: Dexamethasone 40 mg PO Days 1 to 4; riTUXimab 375 mg/m2 IV Day 1; CISplatin 100 mg/m2 IV Day 1; Cytarabine 2000 mg/m2 IV Q12H on Day 2 (2 doses total); Cycles 2+: riTUXimab 375 mg/m2 IV Day 1 OR riTUXimab(subcut) 1400 mg subcut Day 1 ; PLUS	✓

Updated Section	Change Description	DF
	Dexamethasone 40 mg PO Days 1 to 4; CISplatin 100 mg/m2 IV Day 1; Cytarabine 2000 mg/m2 IV Q12H on Day 2 (2 doses total); Q21-28 days (after 2-3 cycles, responding patients may be considered for high-dose chemotherapy and autologous stem cell transplant).	
Multiple Myeloma – Palliative		
BORT(MNT) Funding Change	Bortezomib 1.3 mg/m2 subcut Day 1 - Universal Compassionate access program; Q14 Days	✓
DEXAPOMA+ISAT New Regimen	Cycle 1: Isatuximab 10 mg/kg IV Days 1, 8, 15 & 22 – not currently publicly funded for this regimen and intent; Pomalidomide 4 mg PO on Days 1 to 21 – not currently publicly funded for this regimen and intent; Dexamethasone PO/IV days 1 , 8, 15, & 22; Q28 days. Cycles 2+: Isatuximab 10 mg/kg IV Days 1 & 15 – not currently publicly funded for this regimen and intent; Pomalidomide 4 mg PO on Days 1 to 21 – not currently publicly funded for this regimen and intent; Dexamethasone PO/IV days 1 , 8, 15, & 22; Q28 days	✓
DEXASELI New Regimen	Selinexor 80 mg PO Days 1, 3, 8, 10, 15, 17, 22, and 24 (Twice weekly) – Not currently publicly funded for this regimen and intent; Dexamethasone 20 mg PO Days 1, 3, 8, 10, 15, 17, 22, and 24 (twice weekly); Q28 Days	✓
Lymphoma, T-Cell - Adjuvant/Curative; Palliative		
CHP+BREN New Regimen	Brentuximab vedotin 1.8 mg/kg IV Day 1 Cyclophosphamide 750 mg/m2 IV Day 1; DOXOrubicin 50 mg/m2 IV Day 1; Prednisone 100 mg PO on Days 1-5; Q21 days for 6 to 8 cycles	✓
CEP+BREN New Regimen	Brentuximab Vedotin 1.8 mg/kg IV Day 1; Cyclophosphamide 750 mg/m2 IV Day 1; Etoposide 50-70 mg/m2 IV Day 1; Etoposide 100-140 mg/m2 PO Days 2 to 3; Prednisone 100 mg PO on Days 1-5; Q21 days	✓
Lymphoma, T-Cell - Palliative		
PRAL Funding Change	Updated to reflect availability of pralatrexate through the New Drug Funding Program (NDFP).	✓
AML – Adjuvant/Curative; Palliative		
CYTADAUN+GMT New Regimen	After Induction completed, Consolidation (max 2 cycles): Gemtuzumab ozogamicin 3 mg/m2 (up to a maximum dose of one 4.5 mg vial) day 1- not currently publicly funded for this regimen and intent; DAUNOrubicin 60 mg/m2 IV Day 1 [first course] or over Days 1 to 2 [second course]); Cytarabine 1000 mg/m2 Q12 hours Days 1 to 4	✓
AML – Palliative		
AZCTVENE New Regimen	Venetoclax 400 mg PO daily – not currently publicly funded for this disease site and intent;	✓

Updated Section	Change Description	DF
	Azacitidine 75 mg/m2 SC daily days 1 to 7** – This drug is not publicly funded. Universal compassionate access program is available; Q28	
	CLL – Palliative	
ACAL+OBIN New Regimen	Cycle 1 Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Cycle 2: Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Obinituzumab 100 mg IV Day 1- not currently publicly funded for this regimen and intent; Obinutuzumab 900 mg IV Day 2; Obinutuzumab 1000 mg IV Days 8 and 15; Cycles 3 to 7: Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Obinutuzumab 1000 mg IV Day 1; Q28 Days Then Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Continuous	✓
ACAL(MNT) New Regimen	Following ACAL+OBIN: Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Continuous	✓
ACAL New Regimen	Acalabrutinib 100 mg PO BID – not currently publicly funded for this regimen and intent; Continuous	✓
	Lymphoma (Hodgkin) – Palliative	
PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

LUNG

Updated Section	Change Description	DF
	Non-Small Cell (Squamous) – Palliative	
CRBPPACL+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
PEMB(MNT) Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
CISPGEMC+PEMB New Regimen	Pembrolizumab 2 mg/kg (up to max 200 mg) IV Day 1; Gemcitabine 1000-1250 mg/m2 Days 1 and 8; CARBOplatin AUC 5 IV Day 1; Q21 days for 4-6 cycles	✓
CRBPGEMC+PEMB New Regimen	Pembrolizumab 2 mg/kg (up to max 200 mg) IV Day 1; Gemcitabine 1000-1250 mg/m2 Days 1 and 8; CISplatin 75 mg/m2 IV Day 1; Q21 days for 4-6 cycles	✓

SARCOMA

Updated Section	Change Description	DF
	Soft Tissue (Leiomyosarcoma) – Adjuvant/Curative; Palliative	
DCRBDOXO New Regimen	DOXOrubicin 75 mg/m2 IV day 1; Dacarbazine 250 mg/m2 IV Days 1 to 4; Q21 Days	✓
	Soft Tissue (Leiomyosarcoma) – Palliative	
DCRB New Regimen	Dacarbazine 1000 mg/m2 IV; Q3 weeks	✓

SKIN

Updated Section	Change Description	DF
	Melanoma – Adjuvant	
PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

Updates from May 1, 2010

GASTROINTESTINAL

Updated Section	Change Description	DF
	Hepatobilary - Palliative	
CABO New Regimen	Cabozantinib 60 mg PO daily– not currently publicly funded for this regimen and intent.	✓
LENV Funding Change	Updated to reflect availability of lenvatinib through the Ontario Drug Benefit – Exceptional Access Program (ODB EAP).	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial – Palliative	
PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

HEMATOLOGY

Updated Section	Change Description	DF
	CLL – Palliative	
ACAL New Regimen	Acalabrutinib 100 mg PO BID – Not currently publicly funded for this regimen and intent	✓
VENE+RITU Funding Change	Updated to reflect availability of rituximab through the New Drug Funding Program (NDFP) and venetoclax through the Ontario Drug Benefit - Exceptional Access Program (ODB EAP).	✓
VENE(MNT) New Regimen	Venetoclax 400 mg PO Daily Venetoclax monotherapy following 6 cycles of VENE+RITU	✓

LUNG

Updated Section	Change Description	DF
	Non-Small Cell – Palliative	
CISPPEME+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓
CRBPPEME+PEMB Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

Updated Section	Change Description	DF
PEME+PEMB(MNT) Funding Change	Updated to reflect availability of pembrolizumab through the New Drug Funding Program (NDFP).	✓

SKIN

Updated Section	Change Description	DF
	Melanoma – Adjuvant/Curative	
CETU(RT) Funding Change	Updated to reflect availability of cetuximab through the New Drug Funding Program (NDFP).	✓

MULTIPLE DISEASE SITES*

Updated Section	Change Description	DF
	Small Cell – Adjuvant/Curative & Palliative	
CRBPETOP(PO) New Regimen	CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3; Q21 days x 4 cycles Alternative Etoposide Schedule: Etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3.	✓

*Added for all disease sites and intent for which CRBPETOP is listed on ST-QBP

Updates from February 28, 2020

CENTRAL NERVOUS SYSTEM

Updated Section	Change Description	DF
	Ovary – Adjuvant/Curative & Palliative	
LOMU+BEVA New Regimen	Lomustine 90 mg/m² PO (max 160 mg) Day 1; Q42 days Bevacizumab 10 mg/m² Day 1 IV/SC – not currently publicly funded for the regimen and intent; Q14 Days	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Colorectal - Palliative	
BINIENCO+CETU New Regimen	Binimetinib 45 mg PO BID – Not currently publicly funded for this regimen and intent; Encorafenib 300 mg PO daily – Not currently publicly funded for this regimen and intent; Continuous And Cetuximab IV 400 mg/m2 Day 1 (Cycle 1 Loading dose) – Not currently publicly funded for this regimen and intent; Then Cetuximab 250 mg/m2 Day 1– Not currently publicly funded for this regimen and intent; Q 7 days Note: For BRAF V600E mutated colorectal cancer	✓
	Gastric/Stomach – Palliative	
TRIFTIPI New Regimen	Trifluridine/tipiracil 35 mg/m2 PO BID days 1 to 5 & days 8-12 – not currently publicly funded for this regimen and intent; Q28 days	✓

GENITOURINARY

Updated Section	Change Description	DF
	Ovary – Adjuvant/Curative & Palliative	
DARO New Regimen	Darolutamide 600 mg PO BID – not currently publicly funded for this regimen and intent; Continuous	✓

GYNACOLOGY

Updated Section	Change Description	DF
	Ovary – Adjuvant/Curative & Palliative	
CRBP(DESENS) New Regimen	Carboplatin AUC 4-6 IV Day 1*; Q21 days *Carboplatin administered through a 12 to 16-step graduated rate infusion as part of a desensitization protocol.	✓

HEMATOLOGY

Updated Section	Change Description	DF
	Multiple Myeloma - Palliative	
BELA New Regimen	Belantamab Mafodotin 2.5 mg/kg IV Day 1* – not currently publicly funded for the regimen and intent; Q21 Days *a split dose (1.25 mg/kg Days 1 and 8) has also been described in recent studies	✓
	Lymphoma – Non-Hodgkin's (Low Grade) – Palliative	
GDP+OBIN New Regimen	Obinutuzumab 1000 mg IV Days 1, 8, and 15 (cycle 1 only); THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6); Plus Gemcitabine 1,000 mg/m2 IV Days 1 and 8; Cisplatin 75 mg/m2 IV Day 1; Dexamethasone 40 mg PO once daily on Days 1-4; Q 21 days.	✓
	Lymphoma – Non-Hodgkin's (High Grade) – Adjuvant/Curative	
MTRX(HD) New Regimen	Methotrexate 2-3.5 gm/m2 IV Day 1; Leucovorin IV as per local protocols; one example: Leucovorin 48 mg/m2 IV 24 hours after start of methotrexate infusion then q6h* Note: Must ensure adequate hydration/urine alkalinization *to be adjusted as needed based on methotrexate levels; continue until methotrexate levels are ≤ 0.1 µmol/L	✓
	Lymphoma – T-cell – Palliative	
PENT+ALEM New Regimen	Pentostatin 4 mg/m2 IV Day 1– not currently publicly funded for this regimen and intent; Q7 Days x 4 doses then Pentostatin 4 mg/m2 IV Days 1 and 15– not currently publicly funded for this regimen and intent; Q28 days AND Week 1: Alemtuzumab 3 mg IV (first dose); Alemtuzumab 10 mg IV (second dose); Alemtuzumab 30 mg IV (third dose)	✓

Updated Section	Change Description	DF
	(This drug is not publicly funded. Universal compassionate access program is available.) Weeks 2 to (up to) 12: Alemtuzumab 30 mg IV 3 times per week- This drug is not publicly funded. Universal compassionate access program is available. (until CR or best response for up to a total of 3 months (up to 14 doses of pentostatin)	
Leukemia (AML) – Palliative		
CYTA(SC) New Regimen	Cytarabine 20 mg SC bid days 1 to 10 - not currently publicly funded for this regimen and intent; Q 21-28 Days	✓
Lymphoma – Hodgkin's – Palliative		
NIVL Funding Change	Update to reflect availability of nivolumab through the New Drug Funding Program, effective January 28, 2020	✓

SKIN

Updated Section	Change Description	DF
Melanoma -- Adjuvant		
NIVL Funding Change, Alternative Schedule	Nivolumab 3mg/kg IV up to 240 mg Day 1; Q14 Days OR Nivolumab 6mg/kg IV up to 480 mg Day 1; Q28 Days Update to reflect availability of nivolumab through the New Drug Funding Program, effective January 28, 2020	✓

Updates from January 24, 2020

BREAST

Updated Section	Change Description	DF
Adjuvant		
KADC Funding Change	Updated to reflect availability of Trastuzumab emtansine (Kadcyla) through a universal compassionate access program, effective	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
Hepatobilary/Liver/Bile Duct - Palliative		
LENV New Regimen	For patients equal to or greater than 60 kg: Lenvatinib 12 mg PO daily - Not currently publicly funded for this disease site and intent OR For patients less than 60 kg: Lenvatinib 8 mg PO daily - Not currently publicly funded for this disease site and intent	✓

HEMATOLOGY

Updated Section	Change Description	DF
Lymphoma – Low Grade (Mantle Cell) – Palliative		
ACAL New Regimen	Acalabrutinib 100 mg PO BID – Not currently publicly funded for this regimen and intent	✓
Lymphoma – Non-Hodgkin's (High Grade) – Palliative		

Updated Section	Change Description	DF
BEND+POLA+RITU New Regimen	Cycle 1: riTUXimab 375 mg/m2 IV Day 1 – Not currently publicly funded for this regimen and intent; Polatuzumab vedotin 1.8 mg/kg IV on day 2 – Not currently publicly funded for this regimen and intent; Bendamustine 90 mg/m2 IV on Days 2 and 3 – Not currently publicly funded for this regimen and intent; Q21 Days Cycle 2+: riTUXimab 375 mg/m2 IV Day 1 – Not currently publicly funded for this regimen and intent; Polatuzumab vedotin 1.8 mg/kg IV on day 1 – Not currently publicly funded for this regimen and intent; Bendamustine 90 mg/m2 IV on Days 1 and 2 – Not currently publicly funded for this regimen and intent; Q21 days for up to 6 cycles	✓
Leukemia (AML) – Adjuvant/Curative & Palliative		
LIPOCYTADAUN(CONS) New Regimen	Consolidation: Liposomal cytarabine/daunorubicin 65 units/m2 (65 mg/m2 cytarabine and 29 mg/m2 daunorubicin) IV on days 1 and 3 - Not currently publicly funded for this regimen and intent; For up to 2 cycles *Note: To be given after 1-2 cycles of induction*	✓
Leukemia (CLL) – Palliative		
VENE+OBIN New Regimen	Obinutuzumab 1000 mg IV Days 1,8,15 (cycle 1 only) – not currently publicly funded for this regimen and intent; THEN Obinutuzumab 1000 mg IV Day 1 (cycles 2-6); q28 days Starting day 22 of Cycle 1: Venetoclax 20 mg PO daily – not currently publicly funded for this regimen and intent; X 1 week then Venetoclax 50 mg PO daily; X 1 week then Venetoclax 100 mg PO daily; X 1 week then Venetoclax 200 mg PO daily; X 1 week then Venetoclax 400 mg PO daily Continuous until completion of cycle 12	✓
IBRU+RITU New Regimen	Cycle 1: Ibrutinib 420 mg PO daily – Not currently publicly funded for this regimen and intent; Q28 Days Cycle 2: Ibrutinib 420 mg PO daily – Not currently publicly funded for this regimen and intent	✓

Updated Section	Change Description	DF
	riTUXimab 375 mg/m2 IV Day 1* – Not currently publicly funded for this regimen and intent Q28 days *dose may be split over 2 days Cycles 3-7: Ibrutinib 420 mg PO daily – Not currently publicly funded for this regimen and intent; riTUXimab 500 mg/m2 IV Day 1 – Not currently publicly funded for this regimen and intent Q28 days	
Multiple Myeloma – Palliative		
BORTDEXAPOMA Funding Change	Update to reflect availability of bortezomib through the New Drug Funding Program, effective December 5, 2019.	

LUNG

Updated Section	Change Description	DF
Non-Small Cell – Curative		
DURV Funding Change	Update to reflect availability of durvalumab through the New Drug Funding Program, effective January 22, 2020.	✓

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	DF
Leukemia (CLL) – Palliative		
OFAT De-listing	Ofatmumab is no longer being marketed in Canada.	✓

Updates from November 29, 2019

BREAST

Updated Section	Change Description	DF
Adjuvant/Curative		
FEC-D+PERT+TRAS New Regimen	FEC100 (x 3 cycles): Fluorouracil 500 mg/m² IV day 1; EPIrubicin 100 mg/m² IV day 1; Cyclophosphamide 500 mg/m² IV day 1. Q21 days THEN DOCEtaxel: (x 3 cycles) DOCEtaxel 100 mg/m² IV day 1. Q21 days 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. Q21 days	✓
AC-PACL(W)+PERT+TRAS New Regimen	AC: (x 4 cycles): DOXOrubicin 60 mg/m² IV day 1; Cyclophosphamide 600 mg/m² IV day 1. Q21 days THEN PACLitaxel Weekly (x 12 cycles): PACLitaxel 80 mg/m² IV day 1.	✓

Updated Section	Change Description	DF
	Q7 days 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. Q21 days	
AC-PACL(DD)+PERT+TRAS New Regimen	AC: (x 4 cycles): DOXOrubicin 60 mg/m² IV day 1; Cyclophosphamide 600 mg/m² IV day 1. Q14 days THEN PACLitaxel (x 4 cycles): PACLitaxel 175 mg/m² IV day 1. Q14 days 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. Q21 days	✓
CRBPDOCE+PERT+TRAS New Regimen	CARBOplatin AUC 5-6 IV day 1; DOCEtaxel 75 mg/m² IV day 1. Q21 days 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. Q21 days	✓
PERT+TRAS New Regimen	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. Q21 days	✓
Palliative		
NPAC(W)+ATEZ Funding Change	Updated funding status to reflect availability of atezolizumab through a universal compassionate access program.	✓
LETRIBO Funding Change	Updated funding status of ribociclib to reflect availability through the Ontario Drug Benefit Exceptional Access Program (ODB EAP), effective	✓
ANASRIBO Funding Change	Updated funding status of ribociclib to reflect availability through the Ontario Drug Benefit Exceptional Access Program (ODB EAP), effective	✓
EXEMRIBO Funding Change	Updated funding status of ribociclib to reflect availability through the Ontario Drug Benefit Exceptional Access Program (ODB EAP), effective	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
Neuroendocrine – Palliative		
MFOLFOX6 New Regimen	Oxaliplatin 85 mg/m^2 IV Day 1; Leucovorin 400 mg/m^2 IV Day 1; Fluorouracil 400 mg/m^2 IV bolus Day 1; Fluorouracil 2400 mg/m^2 CIV over 46 hours (single dose) Q14 Days	✓
Hepatobilary/Liver/Bile Duct		
REGO Funding Change	Updated funding status of regorafenib to reflect availability through the Ontario Drug Benefit Exceptional Access Program (ODB EAP), effective	✓

GENITOURINARY

Updated Section		DF
Renal Cell - Palliative		
LENV New Regimen	Lenvatinib 24 mg PO daily- Not currently publicly funded for this regimen and intent; Continuous until progression	✓
EVERLENV New Regimen	Lenvatinib 18 mg PO daily- Not currently publicly funded for this regimen and intent; Everolimus 5 mg PO daily- Not currently publicly funded for this regimen and intent; Continuous until progression	✓
AXIT+PEMB New Regimen	Pembrolizumab 200 mg IV – Not currently publicly funded for this regimen and intent; Q21 days up to 35 cycles Axitinib 5 mg PO BID (with dose titration)– Not currently publicly funded for this regimen and intent; Continuous	✓
Bladder/Urothelial – Palliative		
PEMB(FIXED) Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓

GYNECOLOGICAL

Updated Section	Change Description	DF
Ovary – Adjuvant/Curative & Palliative		
OLAP(MNT) New Regimen	For maintenance treatment after 1st line platinum-based chemotherapy: Olaparib 300 mg PO bid – This drug is not currently publicly funded for this disease site and intent; Continuous for 24 months Note: for BRCA 1 or 2 positive ovarian, fallopian tube, or peritoneal cancer	✓
GTD – Adjuvant/Curative		
CISPETOP(IND) New Regimen	As induction prior to EMA-CO for high-risk patients: CISplatin 20mg/m^2 IV Days 1 and 2; Etoposide 100 mg/m^2 IV Days 1 and 2; Q7 days x 1-2 cycles	✓
Cervix – Palliative		
CISP(RT-W) New Regimen	CISplatin 40 mg/m^2 Day 1; Repeat weekly concurrent with radiotherapy	✓

HEMATOLOGY

Updated Section	Change Description	DF
Hodgkin's Lymphoma - Palliative		
PEMB(FIXED) Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓

LUNG

Updated Section	Change Description	DF
Small Cell – Palliative		
CRBPETOP+ATEZ New Regimen	CARBOplatin AUC 5 IV Day 1; Etoposide 100 mg/m^2 IV Days 1-3; Atezolizumab 1200 mg IV day 1 – Universal compassionate access program available; Q21 days x 4 cycles	✓
CRBPETOP(PO)+ATEZ New Regimen	CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m^2 PO days 1-3; Atezolizumab 1200 mg IV day 1 – Universal compassionate access program available. Q21 days x 4 cycles	✓

Updated Section	Change Description	DF
	Alternative Etoposide Schedule: Etoposide 100 mg/m2 IV day 1 then 200 mg/m2 PO days 2-3.	
ATEZ(MNT) New Regimen	Following CRBPETOP+ATEZ or CRBPETOP(PO)+ATEZ: Atezolizumab 1200 mg IV day 1 – Universal compassionate access program available; Q21 days	✓
CISPETOP+ATEZ New Regimen	CISplatin 75 mg/m^2 IV Day 1; Etoposide 100 mg/m^2 IV Days 1-3; Atezolizumab 1200 mg IV day 1 – This drug is not currently publicly funded for this disease site and intent; Q21 days x 4 cycles	✓
CISPETOP(PO)+ATEZ New Regimen	CISplatin 75 mg/m^2 IV day 1; Etoposide 200 mg/m^2 PO days 1-3; Atezolizumab 1200 mg IV day 1 – This drug is not currently publicly funded for this disease site and intent; Q21 days X 4 cycles Alternative Etoposide Schedule: Etoposide 100 mg/m2 IV day 1 then 200 mg/m^2 PO days 2-3.	✓
ATEZ(MNT) New Regimen	Following CISPETOP+ATEZ or CISPETOP(PO)+ATEZ: Atezolizumab 1200 mg IV day 1 – This drug is not currently publicly funded for this disease site and intent; Q21 days	✓
Non-Small Cell - Palliative		
CRBPPACL+ATEZBEVA New Regimen	PACLitaxel 175-200 mg/m^2 IV day 1; CARBOplatin AUC 6 IV day 1; Atezolizumab 1200 mg 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 X 4-6 cycles	✓
ATEZBEVA(MNT)	Atezolizumab 1200 mg 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	✓
CISPPEME+PEMB Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓
CRBPPEME+PEMB Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓
PEMB(FIXED) Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓
PEMB(MNT) Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓
PEME+PEMB(MNT) Funding Change	Updated funding status of pembrolizumab to unfunded. The compassionate access program for pembrolizumab does not meet the criteria of a universal compassionate access program.	✓

Updates from September 6, 2019

GASTROINTESTINAL

Updated Section	Change Description	DF
	Neuroendocrine Tumours - Palliative	
FUSTRE Funding Change	Updated funding status of streptozocin to reflect availability through Health Canada's SAP. Streptozocin is no longer marketed in Canada and will not be funded through ST-QBP.	✓

GENITOURINARY

Updated Section	Change Description	DF
	Bladder/Urothelial – Palliative	
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1– universal compassionate access program available; Q21 days Note: first line treatment for cisplatin ineligible patients	✓

HEAD & NECK

Updated Section	Change Description	DF
	Nasopharyngeal - Palliative	
CISPGEMC(IND) New Regimen	CISplatin 80 mg/m2 IV Day 1; Gemcitabine 1000 mg/m2 IV Day 1 & 8; Q21 Days	✓

HEMATOLOGY

Updated Section	Change Description	DF
	ALL - Palliative	
INOT Funding Change	Updated funding status of inotuzumab ozogamicin to reflect availability through the New Drug Funding Program (NDFP), effective July 18, 2019	✓
	Lymphoma – Non-Hodgkin's (Mantle Cell) – Palliative	
BORTCYCDOCPRED+R New Regimen	Bortezomib 1.3 mg/m2 Subcut Days 1, 4, 8, 11 – Not currently publicly funded for this regimen or intent; Prednisone 100 mg PO daily Days 1 to 5; RiTUXimab 375 mg/m2 IV Day 1- Not currently publicly funded for this regimen or intent; DOXOrubicin 50 mg/m2 IV Day 1; Cyclophosphamide 750 mg/m2 IV Day 1; Q21 Days	✓
	Lymphoma – T Cell (Mycosis Fungoides/Sezary Syndrome) – Palliative	
ALEM(IV) New Regimen	Week 1: Alemtuzumab 3 mg IV/SC (first dose); Alemtuzumab 10 mg IV/SC (second dose); Alemtuzumaba 30 mg IV/SC (third dose) - Universal compassionate access program is available; Weeks 2 to (up to) 12: Alemtuzumab 30 mg IV/SC 3 times per week - Universal compassionate access program is available.	✓
	Myeloma – Palliative	
BORTDEXALENA Funding Change	Updated funding status to reflect availability of bortezomib through a universal compassionate access program. Updated funding status to reflect availability of lenalidomide through the Exceptional Access Program (EAP), effective July 8, 2019.	✓
	Lymphoma – T-Cell – Palliative	
GEMC New Regimen	Gemcitabine 1200 mg/m2 days 1, 8, and 15; Q 28 days (x 3-6 cycles)	✓

LUNG

Updated Section	Change Description	DF
	Neuroendocrine Tumours - Palliative	
FUSTRE Funding Change	Updated funding status of streptozocin to reflect availability through Health Canada's SAP. Streptozocin is no longer marketed in Canada and will not be funded through ST-QBP.	✓
	Non-Small Cell – Palliative	
CISPPEME+PEMB Funding Change	Updated funding status of pemetrexed to reflect availability through the New Drug Funding Program, effective July 30, 2019	✓
CRBPPEME+PEMB Funding Change	Updated funding status of pemetrexed to reflect availability through the New Drug Funding Program, effective July 30, 2019	✓
PEME+PEMB(MNT) Funding Change	Updated funding status of pemetrexed to reflect availability through the New Drug Funding Program, effective July 30, 2019	✓
LORL New Regimen	Lorlatinib 100MG PO Daily– not currently publicly funded for this regimen and intent.	✓
DACO New Regimen	Dacomitinib 45 mg PO daily- Not currently publicly funded for this disease site and intent	✓
CRBPPACL+PEMB New Regimen	CARBOplatin AUC 5-6 IV Day 1; Paclitaxel 175-200 mg/m2 IV Day 1; Pembrolizumab 200 mg IV Day 1- not currently publicly funded for this disease site and intent; Q21 Days x 4 cycles. Note: For treatment of squamous cell NSCLC	✓
PEMB(MNT) New Regimen	After 4 cycles of CRBPPACL+PEMB: Pembrolizumab 200 mg IV Day 1- not currently publicly funded for this disease site and intent; Q21 Days	✓
CRBPETOP(RT) New Regimen	CAROBplatin AUC5 IV Day 1; Etoposide 50 mg/m2 IV Days 1 to 5; Alternative Schedule: CARBOplatin AUC 3 IV Days 1 and 8; Etoposide 50 mg/m2 IV Days 1 to 5; Q28 Days Concurrent with radiotherapy	✓

SARCOMA

Updated Section	Change Description	DF
	Rare Diseases - Palliative	
CHOP New Regimen	Cyclophosphamide 750mg/m2 IV DOXOrubicin 50mg/m2 IV vinCRIStine 1.4mg/m2 IV (max 2mg) predniSONE 100mg PO daily on Days 1-5; Q21 days	✓
	Osteogenic/Bone – Adjuvant/Neoadjuvant & Palliative	
CRBPDOXO New Regimen	CARBOplatin AUC 5-6 IV Day 1; DOXOrubicin 75 mg/m2 IV Day 1; Q21 days	✓
	Peritoneal Mesothelioma - Palliative	
CISPPEME New Regimen	Cisplatin 75 mg/m2 IV Day 1; Pemetrexed 500 mg/m2 IV Day 1 – not currently publicly funded for this disease site and intent;	✓

Updated Section	Change Description	DF
	Q21 Days	

SKIN

Updated Section	Change Description	DF
	Squamous Cell – Palliative	
CEMI New Regimen	Cemiplimab 3mg/kg IV Day 1 - Not currently publicly funded for this disease site and intent; Q14 Days OR Cemiplimab 350 mg IV Day 1- Not currently publicly funded for this disease site and intent; Q21 Days	✓
	Melanoma – Adjuvant/Curative	
PEMB New Regimen	Pembrolizumab 200 mg IV Day 1 - Universal compassionate access program available; Q21 days	✓

Updates from May 24, 2019

BREAST

Updated Section	Change Description	DF
	Palliative	
FVLSRIBO New Regimen	Cycle 1: Ribociclib 600 mg PO Days 1 to 21 - Not currently publicly funded for this disease site and intent; Fulvestrant 500 mg IM Days 1 and 15 - Not currently publicly funded for this disease site and intent; Cycle 2+: Ribociclib 600 mg PO Days 1 to 21 - Not currently publicly funded for this disease site and intent; Fulvestrant 500 mg IM Day 1 - - Not currently publicly funded for this disease site and intent; Q28 days	✓
ABEM New Regimen	Abemaciclib 200 mg PO BID - Not currently publicly funded for this disease site and intent; Continuous	✓
ABEMLETR New Regimen	Letrozole 2.5 mg PO daily; Abemaciclib 150 mg PO BID– not currently publicly funded for this disease site and intent; Continuous	✓
ABEMFLVS New Regimen	Cycle 1 (loading dose): Fulvestrant 500 mg IM days 1, 15- not currently publicly funded for this disease site and intent; Abemaciclib 150 mg PO BID- not currently publicly funded for this disease site and intent; Cycle 2+: Fulvestrant 500 mg IM day 1- not currently publicly funded for this disease site and intent; Abemaciclib 150 mg PO BID- not currently publicly funded for this disease site and intent; Q28 days	✓
ABEMANAS New Regimen	Anastrazole 1 mg PO daily; Abemaciclib 150 mg PO BID– not currently publicly funded for this disease site and intent; Continuous	✓

Updated Section	Change Description	DF
NPAC(W)+ATEZ New Regimen	Atezolizumab 840 mg IV Days 1 & 15 - Not currently publicly funded for this disease site and intent; nab-Paclitaxel 100 mg/m2 days 1, 8, 15 - Not currently publicly funded for this disease site and intent; Q28 days Note: For triple negative breast cancer	✓

GENITOURINARY

Updated Section	Change Description	DF
	Renal Cell/Kidney – Palliative	
NIVL+IPIL Funding Change	Updated funding status of nivolumab, ipilumumab to reflect availability through the New Drug Funding Program (NDFP), effective May 15, 2019	✓
NIVL(MNT) Funding Change	Updated funding status of nivolumab to reflect availability through the New Drug Funding Program (NDFP), effective May 15, 2019	✓

LUNG

Updated Section	Change Description	DF
	Non-small Cell - Palliative	
ALEC Funding Change	Updated funding status of alectinib to reflect availability through Exceptional Access Program (EAP), effective April 17, 2019	✓

HEMATOLOGY

Updated Section	Change Description	DF
	CLL - Palliative	
VENE Funding Change	Updated funding status of venetoclax to reflect availability through Exceptional Access Program (EAP), effective May 13, 2019	✓
	Rare Diseases – Palliative	
CHOP New Regimen	Cyclophosphamide 750mg/m2 IV DOXOrubicin 50mg/m2 IV vinCRIStine 1.4mg/m2 IV (max 2mg) predniSONE 100mg PO daily on Days 1-5; Q21 days For treatment of Histocytic Sarcomoa	✓
	CML – Palliative	
BOSU New Regimen	Bosutinib 400 mg PO daily– not currently publicly funded for this disease site and intent; *Note: For newly diagnosed chronic phase Ph+ CML*	✓

Updates from April 26, 2019

BREAST

Updated Section	Change Description	DF
	Adjuvant	
KADC New Regimen	Kadcyla® trastuzumab emtansine 3.6 mg/kg IV- not currently publicly funded for this regimen and intent;	✓

Updated Section	Change Description	DF
	Q21 days for 14 cycles	

GASTROINTESTINAL

Updated Section	Change Description	DF
	Pancreas - Palliative	
FOLFNALIRI Funding Change	Update funding status to reflect the end of the compassionate access program for liposomal irinotecan. Liposomal irinotecan is not publicly funded for this regimen and intent, effective April 1, 2019.	✓

HEMATOLOGICAL

Updated Section	Change Description	DF
	Lymphoma – Non-Hodgkin's High Grade – Palliative	
IBRU New Regimen	Ibrutinib 560 mg PO Daily – Not currently funded for this disease site and intent Continuous until disease progression *Note: For relapsed/refractory DLBCL (ABC subtype)*	✓
	Leukemia – Acute Lymphoblastic (ALL) – Curative	
DEXAIMATVNCR New Regimen	Vincristine 2 mg IV Days 1, 8, 15, 22; Dexamethasone 40 mg PO Days 1, 2, 8, 9, 15, 16, 22, 23; Imatinib 400 mg PO BID Days 1-28; Q28 X 1 cycle Note: For PH+ ALL prior to allogeneic SCT	✓
	Leukemia - Acute Myeloid (AML) – Palliative	
ENAS New Regimen	Enasidenib 100 mg PO Daily – Not currently publicly funded for this regimen and intent Note: For IDH2 mutant R/R AML	✓
	Leukemia – Chronic Lymphoblastic (CLL) – Palliative	
VENE+RITU New Regimen	Venetoclax dose ramp-up period (5 weeks total): Venetoclax 20 mg po daily x 1 week – Not currently publicly funded for this regimen and intent; Venetoclax 50 mg po daily x 1 week; Venetoclax 100 mg po daily x 1 week; Venetoclax 200 mg po daily x 1 week; Venetoclax 400 mg po daily thereafter Cycle 1: Rituximab 375 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent; Venetoclax 400 mg PO Daily – Not currently publicly funded for this regimen and intent Q28 Days Cycles 2 to 6: Rituximab 500 mg/m2 IV day 1 – Not currently publicly funded for this regimen and intent; Venetoclax 400 mg PO Daily - Not currently publicly funded for this regimen and intent Q28 Days.	✓
	Multiple Myeloma – Palliative	
IXAZ New Regimen	Cycles 1 to 4: Ixazomib 3 mg PO on Days 1, 8, 15 – not currently publicly funded for this regimen and intent;	✓

Updated Section	Change Description	DF
	Q28 Days. Cycles 5+: If tolerated in previous cycles: Ixazomib 4 mg PO on Days 1, 8, 15 - not currently publicly funded for this regimen and intent; Q28 Days. Treatment continues for a total of 2 years. Note: For maintenance therapy following autologous stem cell transplant.	
BORTDEXASELI New Regimen	Bortezomib 1.3 mg/m2 SC Days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg PO Days 1, 8, 15, 22, 28; Selinexor 100 mg PO Days 1, 8, 15, 22, 28 – not currently publicly funded for this regimen and intent; Q35 Days	✓
Rare Diseases – Palliative		
MIDO New Regimen	Midostaurin 100 mg PO BID – Not currently publicly funded for this disease site and intent For treatment of Mastocytosis	✓

LUNG

Updated Section	Change Description	DF
Non-Small Cell - Palliative		
CISPPEME+PEMB Funding Status	CISplatin 75 mg/m2 IV day 1; Pemetrexed 500 mg/m² IV day 1 – not currently publicly funded for this regimen and intent; Pembrolizumab 200mg IV day 1 – not publicly funded. Universal compassionate access program available Q21 days Note: For first-line use in patients with no EGFR or ALK mutation	✓
CRBPPEME+PEMB Funding Status	CARBOplatin AUC 5 IV day 1; Pemetrexed 500 mg/m² IV day 1 – not currently publicly funded for this regimen and intent; Pembrolizumab 200mg IV day 1 – not publicly funded. Universal compassionate access program available Q21 days Note: 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 publicly funded for this regimen and intent; Pembrolizumab 200mg IV day 1 – not publicly funded. Universal compassionate access program available 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
Merkel Cell – Palliative		
AVEL Funding Status	Updated funding status of avelumab to reflect availability through the New Drug Funding Program (NDFP), effective April 18, 2019	✓

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

Updated Section	Change Description	Removed from DF
	Uterine Sarcoma – Palliative	
DOXO+OLAR	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)	Olaratumab 15mg/kg IV d1, 8 –Not publicly funded. Universal Compassionate access program available Q21 Days *as maintenance therapy after combination treatment with DOXOrubicin.	✓

SARCOMA

Updated Section	Change Description	Removed from DF
	Soft Tissue – Palliative	
DOXO+OLAR	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)	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 March 29, 2019

HEMATOLOGY

Updated Section	Change Description	DF
	Multiple Myeloma - Palliative	
BORTDEXADARA Funding Change	Updated funding status of bortezomib, daratumumab to reflect availability through the New Drug Funding Program (NDFP), effective March 18, 2019	✓
DARADEXALENA Funding Change	Updated funding status of daratumumab to reflect availability through the New Drug Funding Program (NDFP), effective March 18, 2019	✓
DARA(MNT) New Regimen	Daratumumab 16 mg/kg IV day 1; Q28 days	✓
	Leukemia – Chronic Lymphocytic (CLL) - Palliative	
FC+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FC(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓

Updated Section	Change Description	DF
FCM+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.PDRP prior authorization required.	✓
FLUD(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.PDRP prior authorization required.	✓
FLUD+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1600 mg to rituximab IV 500 mg/m^2 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	
TRIP New Regimen	Triptorelin 3.75 mg IM Day 1; Q 1 month	✓
LPRL Alternate Schedule Added	Leuprolide 7.5 mg IM Day 1; Q 1 month OR Leuprolide 22.5 mg IM Day 1; Q 3 Months	✓

GASTROINTESTINAL

Updated Section	Change Description	DF
	Anus – Palliative	
CISPDOCEFU New 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 Days Note: For squamous cell carcinoma	✓
	Hepatobilary/Live/Bile Duct – Palliative	
MFOLFOX6 New 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+IPIL New 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 cycles Note: 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 days Note: For MSI high (Deficient MMR) Colorectal Cancer	✓

SKIN

Updated Section	Change Description	DF
	Melanoma - Adjuvant	
DABRTRAM New 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	
MFOLFIRINOX New Regimen	Oxaliplatin 85 mg/m2 IV Day 1; Leucovorin 400 mg/m2 IV day 1; Irinotecan 150 mg/m2 IV day 1; THEN Fluorouracil 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	
MATRIX Funding Change	Updated funding status of rituximab to reflect availability through the New Drug Funding Program (NDFP)	✓
	T-Cell Lymphoma – Palliative	
PRAL Funding 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	
FOLFIRI New Regimen	Irinotecan 180 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, 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 days Concurrent with radiotherapy	✓

Updated Section	Change Description	DF
PEME New 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)		
CISPIRIN New Regimen	CISplatin 30 mg/m2 IV days 1, 8; Irinotecan 65 mg/m2 IV days 1, 8. Q21 days Alternative Schedule: CISplatin 80 mg/m2 IV day 1; Irinotecan 65 mg/m2 IV days 1, 8. Q21 days Alternative Schedule: CISplatin 60 mg/m2 IV day 1; Irinotecan 60 mg/m2 IV days 1, 8, 15. Q28 days	✓
CRBPIRIN New Regimen	CARBOplatin AUC 5 IV Day 1; Irinotecan 50-65 mg/m2 IV Days 1 and 8; Q21 days Alternative schedule 1: CARBOplatin AUC 5 IV Day 1; Irinotecan 50-60 mg/m2 IV Days 1, 8, and 15; Q28 days Alternative 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		
CRBPGEMC Change 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.	✓
LETRRIBO New 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 days	✓

Updated Section	Change Description	DF
	Note: Must be given together with GnRH agonist if patient is premenopausal	
ANASRIBO New 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 days Note: Must be given together with GnRH agonist if patient is premenopausal	✓
EXEMRIBO New 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 days Note: Must be given together with GnRH agonist if premenopausal	✓
TMXFRIBO New 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 days Note: For premenopausal patients; must be given together with GnRH agonist	✓
ANASPALB New Regimen	Anastrozole 1 mg PO days 1-28; Palbociclib 125 mg PO days 1-21; Q28 days	✓
EXEMPALB New 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	
APAL New 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+OBIN Funding Status	Updated funding status of bendamustine and obinutuzumab to reflect availability through the New Drug Funding Program (NDFP).	✓
CHLO+OBIN Funding 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+OBIN New 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 1 Q21 Days	✓
CVP+OBIN New 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 750 mg/m2 IV Day 1 Q21 Days	✓

Updated Section	Change Description	DF
CVP(PO)+OBIN New 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 1,2,3,4,5 Q21 Days	✓
FC+OBIN New 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 Cyclophosphamide 250 mg/m2 IV Days 1,2,3 Q28 Days	✓
FC(PO)+OBIN New 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 1 Fludarabine 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 1,2,3,4,5 Q28 Days	✓
FLUD+OBIN New 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 1,2,3,4,5 Q28 days	✓
FLUD(PO)+OBIN New 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 intent Q28 Days	✓
Multiple Myeloma – Palliative		
DENO New Regimen	Denosumab 120 mg SC day 1 – not currently publicly funded for this regimen and intent; Q28 days	✓
ALL – Palliative		
INOT New Regimen	Cycle 1: Inotuzumab ozogamicin 0.8 mg/m2 IV Day 1 Inotuzumab ozogamicin 0.5 mg/m2 IV days 8 and 15– not currently publicly funded for this regimen and intent; Q 21days Then Cycle 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; OR For patients who do not achieve a CR or CRi: Inotuzumab ozogamicin 0.8 mg/m2 IV Day 1 Inotuzumab ozogamicin 0.5 mg/m2 IV days 8 and 15– not currently publicly funded for this regimen and intent; Q28 days CR=complete remission; CRi= complete remission with incomplete hematologic recovery"	✓

LUNG

Updated Section	Change Description	DF
Mesothelioma - Palliative		

Updated Section	Change Description	DF
BEVA(MNT) New Regimen	Bevacizumab 15 mg/kg IV Day 1 - not currently funded for this regimen and intent Q21 days	✓
	Small Cell – Palliative	
CRBPIRIN New Regimen	CARBOplatin AUC 5 IV Day 1; Irinotecan 50-65 mg/m2 IV Days 1 and 8; Q21 days Alternative schedule 1: CARBOplatin AUC 5 IV Day 1; Irinotecan 50-60 mg/m2 IV Days 1, 8, and 15; Q28 days Alternative 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 Days OR Nivolumab 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 Days OR Nivolumab 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 Days OR Nivolumab 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 Days OR Nivolumab 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 Days OR Nivolumab 6mg/kg IV up to 480 mg Day 1; Q28 Days	✓
CISPPEME+PEMB Funding 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 days Note: For first-line use in patients with no EGFR or ALK mutation	✓
CRBPPEME+PEMB Funding 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 days Note: 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;	✓

Updated Section	Change Description	DF
	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 Days OR Nivolumab 6mg/kg IV up to 480 mg Day 1; Q28 Days	✓

Updates from August 10, 2018

ENDOCRINE

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

GENITOURINARY

Updated Section	Change Description	DF
	Renal Cell/Kidney – Palliative	
NIVL+IPIL Funding 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+BEVA New 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	
MFOLFOX6 New 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 days Note: For mucinous ovarian cancer	✓
	Uterine Sarcoma – Palliative	

Updated Section	Change Description	DF
DOXO(W) New Regimen	DOXOrubicin 10 to 20 mg/m2 IV Days 1, 8, 15; Q28 Days	✓
DOXO New 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 available Q21 Days (for up to 8 cycles); Then Olaratumab 15mg/kg IV d1, 8 – Universal Compassionate access program available Q21 Days Note: For leiomyosarcoma	✓
Endometrial – Palliative		
MEGETMXF New Regimen	Megestrol 80 mg PO BID days 1 to 21; THEN Tamoxifen 20mg PO BID days 22 to 42 Q42 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 months Note: Maintenance rituximab should be started within 8 weeks of completion of the induction regimen	✓
Lymphoma – T-Cell – Palliative		
PRAL New 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		
ATEZ New Regimen	Atezolizumab 1200 mg IV Day 1 – universal compassionate program available; Q21 Days	✓
Non-Small Cell – Curative		
DURV New 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/m^2 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+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓

Updated Section	Change Description	DF
BEND+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CHLO+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CHOP+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CHOP+R-DHAP+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CVP(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CVP+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CYCLDEXA+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FC(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FC+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FCM(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FCM+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FLUD(PO)+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
FLUD+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
HYPERCVAD+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
Lymphoma – Non-Hodgkin's High Grade – Curative/Palliative		
CEOP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CEPIOP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CEPP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓

Updated Section	Change Description	DF
CHOP+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
GCVP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
Lymphoma – Non-Hodgkin's High Grade - Curative		
CHOEP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CHOP+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CHOP14+R Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
CODOXM+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
EPOCH+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
HYPERCVAD+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 for cycle 2 onwards. Rituximab SC will be publicly available through NDFP.	✓
GDP+RITU Dosing, Schedule, Funding Status	Updated schedule to reflect alternative option of rituximab SC 1400 mg to rituximab IV 375 mg/m^2 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	
CABO New Regimen	Cabozantinib 60 mg PO daily– not currently publicly funded for this regimen and intent.	✓
NIVL+IPIL New 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 4 then 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	
MFOLFOX6 New 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 days Note: For use in Urachal cancer	✓

Updates from May 25, 2018

HEMATOLOGY

Updated Section	Change Description	DF
	Lymphoma – T-Cell – Adjuvant/Curative	
DDGP New 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 days Note: for NK/T-Cell Lymphoma	✓
CHOP New Regimen	prednisone 100 mg PO daily Days 1 to 5 DOXOrubicin 50 mg /m² IV Day 1 vinCRIStine 1.4 mg /m² IV (maximum 2 mg) Day 1 cyclophosphamide 750 mg /m² IV Day 1 Q21 days	✓
CHOEP New Regimen	prednisone 100 mg PO daily Days 1 to 5 DOXOrubicin 50 mg /m² IV Day 1 vinCRIStine 1.4 mg /m² IV (maximum 2 mg) Day 1 cyclophosphamide 750 mg /m² IV Day 1 etoposide 100 mg /m² IV Day 1 THEN, etoposide 200 mg /m² PO Days 2 to 3 Q21days	✓

Updated Section	Change Description	DF
	Lymphoma – Non Hodgkin's High Grade – Adjuvant/Curative	
GCVP+RITU New Regimen	Rituximab 375 mg/m2 Day 1; Gemcitabine 750 – 1000 mg/m2 Days 1 and 8; Cyclophosphamide 750 mg/m2 Day 1 VinCRIStine 1.4 mg/m2 Day 1 (max 2 mg) Prednisone 100 mg PO Days 1-5 Q 21 days Note: For use in DLBCL when anthracycline is contraindicated.	✓
	Lymphoma – Non Hodgkin's High Grade – Palliative	
GCVP+RITU New 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 1 VinCRIStine 1.4 mg/m2 Day 1 (max 2 mg) Prednisone 100 mg PO Days 1-5 Q 21 days Note: For use in DLBCL when anthracycline is contraindicated.	✓
	Multiple Myeloma – Palliative	
CARFDEXA Funding Status	Updated funding status of carfilzomib to reflect public availability through the New Drug Funding Program (NDFP), effective May 1, 2018.	✓
CARFDEXALENA Funding 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+BEVA New 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 intent Q21 days Concurrent with radiotherapy	✓
	Non-Small Cell - Palliative	
CISPPEME+PEMB New 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 days Note: For first-line use in patients with no EGFR or ALK mutation	✓
CRBPPEME+PEMB New 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 days Note: For first-line use in patients with no EGFR or ALK mutation	✓
PEME+PEMB(MNT)	After 4 cycles of CRBPPEME+PEMB or CISPPEME+PEMB as maintenance treatment:	✓

Updated Section	Change Description	DF
New Regimen	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 cycles THEN Cyclophosphamide 750 mg/m2 Q12 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 intent Bevacizumab 10 mg/kg IV day 1 - Not publicly funded for this regimen and intent Q14 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;	✓

Delisted Regimen	Description	Removed from DF
	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 days Alternate schedule Cytarabine 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	
LETRPALB Funding 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	
CAPE Funding 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	
CAPEGEMC Funding 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	
CAPECISP 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.	✓
	Gastric/Stomach, Esophagus – Palliative	
EOF Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓
EOX Funding 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+TRAS 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.	✓
CAPECRBP 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.	✓
	Gastric/Stomach, Esophagus – Adjuvant/Curative	
FLODOCE Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓
XELOX Funding 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.	✓
ECARBOX 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.	✓
ECX 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.	✓
	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	
MFOLFOX6 Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓
CAPECISP 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.	✓
	Colorectal – Palliative	
FOLFOXIRI Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓
FOLFOXIRI+BEVA Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓

Updated Section	Change Description	DF
IROX Funding 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		
CAPECISP Funding 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.	✓
CAPEGEMC 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.	✓
Pancreas – Adjuvant & Palliative		
CAPEGEMC Funding 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.	✓
CAPE 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.	✓
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		
CAPETMZL 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.	✓

GENITOURINARY

Updated Section	Change Description	DF
Testis - Palliative		
GEMOX Funding Status	Updated funding status of oxaliplatin to reflect public availability through ST-QBP, effective April 1, 2018.	✓
Renal Cell/Kidney – Palliative		
CAPEGEMC 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.	✓

GYNECOLOGICAL

Updated Section	Change Description	DF
Endometrial – Adjuvant/Curative & Palliative		
CISPDOXO Dose	Updated CISplatin maximum dose to 50 mg/m^2 IV Day 1. Updated dose of DOXOrubicin to 50-60 mg/m^2 IV Day 1.	✓
CRBPDOXO Dose, Schedule	Updated dose of DOXOrubicin to 50-60 mg/m^2 IV Day 1 (maximum 7 cycles of DOXOrubicin).	✓
Ovarian – Palliative		
CRBPGEMC Dose	Updated dose of CARBOplatin to AUC 4.	✓
Ovarian – Adjuvant & Palliative		
CRBPPACL(W) Dose	Updated dose of CARBOplatin in both intents Adjuvant: CARBOplatin AUC 5-6 IV Day 1; PACLitaxel 80 mg/m2 IV Days 1, 8, 15 Q21 Days	✓

Updated Section	Change Description	DF
	Palliaitive: CARBOplatin AUC 4-6 IV Day 1; PACLitaxel 80 mg/m2 IV Days 1, 8, 15 Q21 Days	
	Germ Cell – Palliative	
VIP Disease 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	
CAPE 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+CETU 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 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.	✓
CAPECRBP+CETU 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.	✓
CAPECRBP 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.	✓

HEMATOLOGY

Updated Section	Change Description	DF
	Multiple Myeloma - Palliative	
CYCLDEXALENA Funding 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.	✓
CYCLDEXAPOMA Funding 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	
XELOX Funding 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 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.	✓
ECX 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.	

SKIN

Updated Section	Change Description	DF
	Melanoma – Palliative	
TALI New Regimen	Talimogene laherparepvec up to 4 X 10^8 pfu via intralesional injection – Not currently funded for this regimen and intent; Q 14-21 days Note: the amount injected depends on the number and size of lesions. Doses should not exceed 4 X 10^8 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; THEN Fluorouracil 1600 mg/m2 CIV over 46 hrs day 1. Q14 days Notes: 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	
NIVL New Regimen	Nivolumab 3 mg/kg day 1 - not currently publicly funded for this regimen and intent Q14 days	✓
	Colorectal – Palliative	
TRIFTIPI New 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	
ABIRDEXA New Regimen	Abiraterone 1000 mg PO daily; Dexamethasone 0.5 mg PO daily	✓
	Prostate – Adjuvant/Curative	
DGRL New Regimen	Degarelix 240 mg SC x Q 1 month X1 then Degarelix 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 days Note: *An alternative hydrocortisone dose of 50 mg IT may be used, based on local protocol	✓
	Non-Hodgkin Lymphoma – Adjuvant/Curative	

Updated Section	Change Description	DF
LENA(MNT)	Lenalidomide 25 mg PO daily for 21 days – not currently publicly funded for this regimen and intent Q28 days Note: 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	
NIVL Funding 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	
CISPPEME Funding Status	Updated funding status to reflect public funding availability of pemetrexed via the New Drug Funding Program (NDFP).	✓
CRBPPEME Funding 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	
NIVL New Regimen	Nivolumab 3mg/kg - not currently publicly funded for this regimen and intent Q14 days (for up to 1 year)	✓
	Melanoma – Palliative	
NIVL+IPIL Funding 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 available Q14 days	✓

SARCOMA

Updated Section	Change Description	DF
	Soft Tissue – Palliative	
DOXO+OLAR New 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	
CAV Dose	Updated vinCRIStine dose to include maximum dose of 2 mg	✓
PMDR Schedule	Updated schedule to include Q21 day as an alternative schedule	✓
ZOLE Schedule	Updated standard schedule to include Q21 days as an alternative schedule	✓
	Breast – Adjuvant/Curative	
CRBPDOCETRAS Schedule	Updated CARBOplatin dose from AUC 5-6 to AUC 6	✓

CENTRAL NERVOUS SYSTEM

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

GASTROINTESTINAL

Updated Section	Change Description	DF
	Anal - Palliative	
CISPFU Schedule	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	
IRINRALT Dose	Updated dose of Irinotecan from 300 mg/m^2 to 300-350 mg/m^2. Updated dose of Raltitrexed from 2.6 mg/m^2 to 2.6-3 mg/m^2	✓

GYNACOLOGICAL

Updated Section	Change Description	DF
	GTD – Adjuvant/Curative	
ETOPPAC-CISPPACL Schedule	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)	Updated loading dose from Day 6 to 1 week prior to radiotherapy	✓

Updated Section	Change Description	DF
Schedule		
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		
CAV Schedule	Formerly VAC – to be replaced by CAV CAV: 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		
CRBPVINO Dose	Updated dose of vinorelbine from 30 mg/m^2 to 25 mg/m^2	✓
CISPVINO Dose, Schedule	Updated vinorelbine from 30 mg/m^2 IV days 1, 8 +/- 15 to 25 mg/m^2 on Days 1,8	✓
Small Cell - Palliative		
CISPIRIN New Regimen	CISplatin 80 mg/m2 IV day 1; Irinotecan 65 mg/m2 IV days 1, 8. Q21 days Alternative Schedule: CISplatin 60 mg/m2 IV day 1; Irinotecan 60 mg/m2 IV days 1, 8, 15. Q28 days Note: 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/m^2 over 24 hours Day 1 to 175mg/m^2 to over 3 hours Day 1 and Mesna 200 mg/m^2 IV to Mesna 200 mg/m^2 IV (or 400 mg/m^2 PO)	✓
Prostate - Palliative		
CABAPRED Dose	Updated Cabazitaxel 25 mg/m^2 IV Day 1 to Cabazitaxel 20-25 mg/m^2 IV Day 1	✓
CYCL Schedule	Updated Q14 Days to Q21 days	✓

Updated Section	Change Description	DF
BICATRIP Schedule	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		
CISPGEMCPACL Dose, Schedule	Cisplatin changed from 70mg/m^2 day 1 to 50 mg/m^2 day 1, 8 Gemcitabine dose changed from 1000 to 800 mg/m^2	✓
Bladder/Urothelial - Palliative		
ATEZ New Regimen	Atezolizumab 1200 mg IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓
DURV New 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		
VAcTC Schedule	Removed standard schedule. Previous alternative schedule is now the standard schedule.	✓
Soft Tissue Sarcoma – Adjuvant/Curative		
VAcTC Dose	Updated dose of DACTINomycin from 0.045mg/kg (max 2.5 mg) IV Day 1 to DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV Day 1 and Cyclophosphamide 1100 mg/m^2 IV Days 1&2 to Cyclophophamide 1200 mg/m^2 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	✓
CEPIOP Dose	Updated dose of epirubicin from 50 mg/m^2 IV Day 1 to 50-70 mg/m^2 IV Day 1	✓
CEPIOP+RITU Dose	Updated dose of epirubicin from 50 mg/m^2 IV Day 1 to 50-70 mg/m^2 IV Day 1	✓
Hodgkin's Lymphoma – Adjuvant/Curative & Palliative		
COPP Schedule	Added note: Usually given with alternative cycles of ABVD x 4-8 cycles	✓
Non-Hodgkin's Lymphoma (High or Intermediate Grade) – Adjuvant/Curative		
CYCLETOP Dose	Updated Cyclophosphamide 2000 mg/m^2 IV Day 1 to 2000-2500 mg/m^2 IV Day 1 Added note: For use as a stem cell mobilization regimen in patients with Non-Hodgkin's Lymphoma	✓

Updated Section	Change Description	DF
ICE Schedule	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		
ICE Schedule	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-M Dose, 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+RITU Dose, 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		
CYTADAUN Dose	Added note: If patient is 60 years or older, use cytarabine 1500 mg/m^2 IV Q12 hours on days 1,3,5	✓
Non-Hodgkin's Lymphoma (High or Intermediate Grade), Hodgkin's Lymphoma – Adjuvant/Curative		
MINIBEAM Schedule	Removed alternative melphalan schedule	✓
DHAP Schedule	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 intent Q21 days	✓
Low Grade Lymphoma - Palliative		
IBRU Funding 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		
PEMB Funding 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		
NIVL Funding 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		
COBIVEMU Funding 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	
RUXO Funding 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		
EVER Funding 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*	✓	✓
CISPDOXOETOP MTTN	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 intent Q28 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.	✓	✓
ATRAMERCMTRX Dose 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/m^2/day on days 15-90; and methotrexate dosage and schedule to 5-15 mg/m^2/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.	✓	✓
BORTDEXAPOMA Funding 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		
OLAP New 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		
CRBPFU New Regimen	CARBOplatin AUC 5 IV day 1; Fluorouracil 1000 mg/m^2/day CIV days 1-4. Q28 days	✓	✓
	Palliative		
CISPVINO New Regimen	CISplatin 80 mg/m^2 IV day 1; Vinorelbine 25 mg/m^2 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		
CRBPFU New 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+BEVA Funding 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 intent Q28 days *Patients with prior chemotherapy:*	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Temozolomide 150 mg/m² PO daily, days 1-5 – Not currently publicly funded for this regimen and intent Q28 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 days Or Cyclophosphamide 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 weekly Or Cyclophosphamide 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)+BEVA Funding 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+BEVA Funding 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)+BEVA Funding 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+BEVA Funding 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		
COBIVEMU New 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/VCD New Regimen	<u>Cycles 1 and 3:</u> Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11; Pegylated Liposomal DOXOrubicin 30 mg/m^2 IV day 4 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg PO days 1, 4, 8, 11. Q21 days <u>Cycles 2 and 4:</u> Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11; Cyclophosphamide 300 mg/m^2 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)+MIDO New Regimen	Cytarabine 3000 mg/m^2 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		
CAPE New Regimen	Capecitabine 1250 mg/m^2 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/m^2 (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		
REGO New Regimen	Regorafenib 160 mg PO days 1-21 – not currently publicly funded for this regimen and intent. Q28 days	✓	✓
	All sub-diseases – Palliative		
ZOLE New 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		
LENV Funding 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+TRAS Note	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		
CISPETOP New 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/m^2 IV day 1; Etoposide 100 mg/m^2 IV days 1-3. Q21 days	✓	✓

Updates from September 1, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Pancreatic – Palliative		

Updated Section	Change Description	ST-QBP	DF
FOLFNALIRI Drug 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+PNTM Funding 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+PNTM Funding 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			
PEMB Funding 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			
CAPECISP New Regimen	CISplatin 75 mg/m^2 IV day 1; Capecitabine 1000 mg/m^2 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/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent. Q28 days	✓	✓
CAPECISP+CETU New Regimen	CISplatin 100 mg/m^2 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m^2 IV DAY 1 CYCLE 1 ONLY; THEN Cetuximab 250 mg/m^2 IV weekly – not currently publicly funded for this regimen and intent. Q21 days	✓	✓
CAPECRBP+CETU New Regimen	CARBOplatin AUC 5 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m^2 IV DAY 1 CYCLE 1 ONLY; THEN Cetuximab 250 mg/m^2 IV weekly – not currently publicly funded for this regimen and intent. Q21 days	✓	✓

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
Endometrial – Adjuvant/Curative			

Updated Section	Change Description	ST-QBP	DF
CISP(RT) New Regimen	CISplatin 50 mg/m^2 IV days 1, 22 Concurrent 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			
OLAP Dose	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			
CRBPPGLDX Funding 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			
MFOLFOX6 Funding Status	Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
CAPE Funding Status	Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017	✓	✓
FLOX New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
XELOX New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
OXALRALT New 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			
MFOLFOX6 Funding Status	Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓

Updated Section	Change Description	ST-QBP	DF
CAPE Funding Status	Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017	✓	✓
XELOX Funding 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+BEVA New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN New 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	✓	✓
PNTM New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
RALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
XELOX+BEVA New Regimen	Added as a new evidence-informed regimen to reflect public funding availability, effective June 29, 2017	✓	✓
IRINRALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability of irinotecan via NDFP, effective June 29, 2017	✓	✓
OXALRALT New 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/m^2 PO bid on days of radiotherapy (5 days/week) – not currently publicly funded for this regimen and intent.	✓	✓
FOLFNALIRI New Regimen	Nanoliposomal irinotecan 80 mg/m^2 (equivalent to 70 mg/m^2 of irinotecan free base) IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days	✓	✓
Colorectal – Palliative			
FOLFIRI+CETU Schedule	Added an alternative schedule for cetuximab: Cetuximab 500 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent. Q14 days	✓	✓
FOLFIRI+PNTM New Regimen	PANitumumab 6 mg/kg IV day 1 – not currently publicly funded for this regimen and intent; Followed by: Irinotecan 180 mg/m^2 IV day 1; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours, starting on day 1. Q14 days	✓	✓
Gastroesophageal – Adjuvant/Curative/Neoadjuvant			
FLODOCE	DOCEtaxel 50 mg/m^2 IV day 1;	✓	✓

Updated Section	Change Description	ST-QBP	DF
New Regimen	Oxaliplatin 85 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 200* mg/m^2 IV day 1; Fluorouracil 2600 mg/m^2 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/m^2 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)-VIPD Schedule	Updated cisplatin to include the route of administration as "IV" which was previously omitted.	✓	✓
Acute Myeloid Leukemia – Palliative			
CYTA Schedule	Updated cytarabine alternative schedule for SC dosing option to 10 mg/m^2 or 20 mg SC **BID** x 10 days (previously 10 mg/m^2 or 20 mg SC **daily** x 10 days) to align with literature.	✓	✓
Acute Promyelocytic Leukemia – Palliative			
ARSE Schedule	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+ RITU Funding 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+7 Note	Updated note for cytarabine dosing in patients less than 60 years of age (previously less than or equal to 60 years of age).	✓	✓
CYTAIDAR Note	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			

Updated Section	Change Description	ST-QBP	DF
ARSEATRA(INDLO/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/m^2 IV days 1-3 to align with literature and daunorubicin dose equivalency (previously 100 mg/m^2 IV days 1-3).	✓	✓

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
FLVSPALB New Regimen	Fulvestrant 500 mg IM days 1, 15, 29 (loading dose) – not currently publicly funded for this regimen and intent THEN Fulvestrant 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		
AVEL New 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		
IFOSPACL New Regimen	Ifosfamide 1600 mg/m^2 IV days 1-3; PACLitaxel 135 mg/m^2 IV day 1; Mesna (refer to Mesna table). Q21 days	✓	✓
	Ovarian – Palliative		
PGLDX+BEVA New Regimen	Pegylated Liposomal DOXOrubicin 40 mg/m^2 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.	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Q28 days		
TOPO(W)+BEVA New Regimen	Topotecan 4 mg/m^2 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+BEVA New Regimen	Topotecan 1.25 mg/m^2 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	<u>BEND+OBIN:</u> Bendamustine 90 mg/m^2 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*** <u>OBIN(MNT):</u> 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)	✓	✓
BORTGEMC New Regimen	Bortezomib 1 mg/m^2 IV/SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent; Gemcitabine 1000 mg/m^2 IV days 1, 8. Q21 days	✓	✓
GDP New 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+BEVA Funding 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+IPIL Funding 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/m^2 IV days 1, 8; Irinotecan 100 mg/m^2 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/m^2 IV day 1. Q21 days	✓	✓

Updates from April 21, 2017

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia – Palliative		
BLIN Funding 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		
HYDR Note	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		
AMSAATRACYTA Dose	Updated cytarabine alternative schedule dosing to 100 mg/m^2/day CIV days 1-7 to align with current best practice (previously 1000 mg/m^2/day CIV days 1-7). Discussed with Ontario Cancer Lead.	✓	✓
	Acute Myeloid Leukemia – Palliative		

Updated Section	Change Description	ST-QBP	DF
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		
NIVL Funding 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		
NIVL Funding 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		
NIVL Funding 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		
XELOX New Regimen	Capecitabine 750 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 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/m^2 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		
TMZL New Regimen	Temozolomide 200 mg/m^2 PO as a loading dose then 90 mg/m^2 PO Q12H x 9 doses (days 1-5) – not currently publicly funded for this regimen and intent. Q28 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Alternative Schedule: Temozolomide 75 mg/m^2/day PO days 1-42 – not currently publicly funded for this regimen and intent. Q63 days		

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

Soft Tissue – Palliative	
PGLDX	Pegylated Liposomal DOXOrubicin 40-50 mg/m^2 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)+RAMU Funding 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			
ZOLE Schedule	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			
NIVL New 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			
ZOLE Schedule	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			

Updated Section	Change Description	ST-QBP	DF
MATRIX New Regimen	Rituximab 375 mg/m^2 IV days –5 and 0 – not currently publicly funded for this regimen and intent. Methotrexate* 3500 mg/m^2 IV day 1; Cytarabine* 2000 mg/m^2 IV Q12hours days 2 and 3; Thiotepa* 30 mg/m^2 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		
DCRBEPIRFU New Regimen	Dacarbazine 200 mg/m^2 IV days 1-3; EPIrubicin 30 mg/m^2 IV days 1-3; Fluorouracil 500 mg/m^2 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/m^2 IV day 1 then 200 mg/m^2 PO days 2-3 (previously 200 mg/m^2 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/m^2 IV day 1 then 200 mg/m^2 PO days 2-3.	✓	✓
	Small Cell – Adjuvant/Curative & Palliative		
CISPETOP(PO) Schedule	Added an alternative schedule for etoposide 100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2-3 (previously 200 mg/m^2 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/m^2 IV day 1 then 200 mg/m^2 PO days 2-3.	✓	✓

PRIMARY UNKNOWN

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

Palliative	
GEMCIRIN	Proposed alternative schedule: Gemcitabine 750 mg/m^2 IV days 1, 8, 15; Irinotecan 75 mg/m^2 IV days 1, 8, 15. Q28 days

Updates from January 25, 2017

LUNG

Updated Section	Change Description	ST-QBP	DF
Thymoma – Palliative			
DENO Regimen Clarification	Duplicate denosumab regimen code removed (remains as not publicly funded for this regimen and intent).	✓	✓
Non-Small Cell - Palliative			
ALEC New 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*	✓	✓
OSIM New 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			
XELOX New Regimen	New evidence-informed regimen: • Capecitabine 1000 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	✓
MFOLFOX6 New Regimen	New evidence-informed regimen: • Oxaliplatin 85 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hrs day 1. Q14 days	✓	✓
Colorectal– Adjuvant/Curative & Palliative			
OXALRALT	Updated oxaliplatin dose to 100-130 mg/m^2 (previously 100 mg/m^2) to align with literature.	✓	✓

Updated Section	Change Description	ST-QBP	DF
Dose			

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/m^2 IV days 1 and 29; Fluorouracil 225 mg/m^2/day CIV over 24 hours daily (5 days/week) concurrent with radiation.

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
Myeloma - Palliative			
DEXAIXAZLENA New 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			
VENE New 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; THEN Venetoclax 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			

Updated Section	Change Description	ST-QBP	DF
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			
IRINTMZL Dose	Updated irinotecan dose to 10-20 mg/m^2/day (previously 20-50 mg/m^2/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)+TRAS Schedule	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			
SILT Funding Status	Updated funding status to black to reflect public funding availability via NDFP, effective December 22, 2016.	✓	✓
Acute Myeloid Leukemia – Adjuvant/Curative			
FLAG+IDA Units	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		
CRBPPACL Dose	Updated PACLitaxel dose to 175 mg/m^2 (previously 175-200 mg/m^2) to align with literature. Discussed with Ontario Breast Cancer Disease Site Lead.	✓	✓

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Renal Cell – Palliative		
IFNA+BEVA Drug 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+RITU Schedule 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/m^2 (maximum dose: 70 mg) IV day 1; Weekly during concurrent radiotherapy	✓	✓
CISPVINO New Regimen	New evidence-informed regimen: • CISplatin 80 mg/m^2 IV day 1; Vinorelbine 25 mg/m^2 IV days 1, 8. Q21 days	✓	✓
	Ovarian – Palliative		
DOCE New Regimen	New evidence-informed regimen: • DOCEtaxel 75-100 mg/m^2 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/m^2 IV day 1, 8, 15.* Q28 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	*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		
DARADEXALENA 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; 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 days Cycles 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 days Cycle 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 days Note: *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		
GDCRBP New Regimen	New evidence-informed regimen: • Gemcitabine 1000 mg/m^2 IV day 1 and 8; Dexamethasone 40 mg PO days 1-4; CARBOplatin AUC 5 IV day 1. Q21 days	✓	✓
	Intermediate Grade Lymphoma – Palliative		
GDCRBP New Regimen	New evidence-informed regimen: • Gemcitabine 1000 mg/m^2 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/m^2 (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		
NILO Dose	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+RITU Funding 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	✓	✓
MEGE New 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		
CYTADAUN Schedule	Updated cytarabine to 3000 mg/m^2 IV Q12 hours days 1, 3, 5 to align with landmark clinical trial (previously 3000 mg/m^2 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 <u>did not</u> receive recommendation to list as an evidence-informed regimen:

	Neoadjuvant
DOCE+PERT+TRAS	DOCEtaxel 75-100 mg/m^2 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		
NIVL Schedule	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		

Updated Section	Change Description	ST-QBP	DF
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			
AZCT Schedule	Added alternative schedules (to align with public funding criteria): • Azacitidine 75 mg/m^2 SC daily, days 1-5 and 8-9 (5-2-2 regimen) • Azacitidine 75 mg/m^2 SC daily, days 1-6	✓	n/a

PRIMARY UNKNOWN

Updated Section	Change Description	ST-QBP	DF
Palliative			
ECX New 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/m^2 IV day 1, 8; Gemcitabine 1000 mg/m^2 IV day 1, 8. Q21 days	✓	✓
CRBPGEMCPACL New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; Gemcitabine 800 mg/m^2 IV days 1, 8; PACLitaxel 200 mg/m^2 IV day 1. Q21 days	✓	✓
Prostate – Palliative			
ECARBOF	New evidence-informed regimen:	✓	✓

Updated Section	Change Description	ST-QBP	DF
New Regimen	• EPIrubicin 50 mg/m^2 IV day 1; CARBOplatin AUC 5 IV day 1; Fluorouracil 200 mg/m^2/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/m^2 IV day 1. Q21 days *Note: For use in patients unable to tolerate pegylated liposomal DOXOrubicin*
DOXO(W)	DOXOrubicin 10-20 mg/m^2 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+CETU Note	Added a note "Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete "	✓	n/a
CRBPFU+CETU Note	Added a note "Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete "	✓	n/a
CETU New Regimen	New evidence-informed regimen (for reporting): • Cetuximab 250 mg/m^2 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/m^2 IV days 1, 8, 15. Q28 days

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
Myeloma – Palliative			
BORTDEXADARA New Regimen	New evidence-informed regimen: • Cycles 1-3: Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent;	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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 days Cycles 4-8: Bortezomib 1.3 mg/m^2 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 days Cycle 9 and beyond: Daratumumab 16 mg/kg IV day 1; Q28 days		
CARFDEXA Dose	Updated carfilzomib dose to 56 mg/m^2 (previously 27 mg/m^2) 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/m^2.*	✓	✓
T-Cell Lymphoma – Adjuvant/Curative			
SMILE New Regimen	New evidence-informed regimen: • *Note: for NK/T-Cell Lymphoma* Methotrexate 2000 mg/m^2 IV day 1; Leucovorin 15 mg IV/PO q6h days 2-4; Ifosfamide 1500 mg/m^2 IV days 2-4; Mesna 300 mg/m^2 IV at 0, 4 and 8 hours post-ifosfamide, days 2-4; Dexamethasone 40 mg IV/PO days 2-4; Etoposide 100 mg/m^2 IV days 2-4; L-asparaginase 6000 U/m^2 IM/IV days 8, 10, 12, 14, 16, 18, 20. Q28 days	✓	✓
Chronic Myelogenous Leukemia – Palliative			
PNAT Funding 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			
DASA New 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	✓	✓
PNAT New 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			
DASA New 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	✓	✓
IMAT New Regimen	New evidence-informed regimen to also be listed under Palliative Intent (previously only Adjuvant/Curative). Discussed with Hematology Ontario Cancer Lead.	✓	✓
PNAT New 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	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia – Adjuvant/Curative & Palliative		
AALL1131(MNT) Dose	Updated mercaptopurine dose to: suggested starting dose of 75 mg/m^2 (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 <u>did not</u> receive recommendation to list as an evidence-informed regimen:

	Low Grade Lymphoma – Palliative
BORTDEXA+RITU (updated)	Cycle 1: Bortezomib 1.3 mg/m^2 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/m^2 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/m^2 IV on days 1, 8, 15, 22. Q35 days Cycles 3 and 4: Bortezomib 1.6 mg/m^2 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*	✓	✓
PEMB New 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		
CRBPGEMC New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m^2 IV days 1, 8. Q21 days *Alternative Schedule:* CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days	✓	✓

SARCOMA

Updated Section	Change Description	ST-QBP	DF
	Kaposi's Sarcoma – Palliative		
VNBL New Regimen	New evidence-informed regimen: • vinBLAStine 6 mg/m^2 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: • <u>Cycle 1:</u> Fluorouracil 425 mg/m^2 IV days 1-5; Leucovorin 20 mg/m^2 IV days 1-5. Q28 days <u>Cycle 2:</u> Fluorouracil 200 mg/m^2 CIV over 24 hours daily concurrent with radiotherapy <u>Cycles 3, 4:</u> Fluorouracil 425 mg/m^2 IV days 1-5; Leucovorin 20 mg/m^2 IV days 1-5. Q28 days	✓	✓
	Pancreatic – Adjuvant/Curative		
CAPEGEMC New Regimen	New evidence-informed regimen: • Capecitabine 830 mg/m^2 PO BID days 1-21 – not currently publicly funded for this regimen and intent; Gemcitabine 1000 mg/m^2 IV day 1, 8, 15. Q28 days	✓	✓

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

NET – Palliative	
DCRBEPIRFU	Dacarbazine 200 mg/m^2 IV days 1-3; EPIrubicin 30 mg/m^2 IV days 1-3; Fluorouracil 500 mg/m^2 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/m^2 IV days 1-4; Cytarabine 2000 mg/m^2 IV days 1-4; Filgrastim 300 mcg SC days 1-4 – not currently publicly funded for this regimen and intent; IDArubicin 10 mg/m^2 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 <u>did not</u> receive recommendation to list as an evidence-informed regimen:

Low Grade Lymphoma – Palliative	
BORTDEXA+RITU	Induction: Bortezomib 1.3 mg/m^2 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/m^2 IV day 11. Q21 days x 4 cycles Maintenance: Bortezomib 1.3 mg/m^2 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/m^2 IV day 11. Q12 weeks x 4 cycles Note: 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/m^2 (previously 100 mg/m^2) to align with literature and clinical practice. Discussed with DST lead/designate.	✓	✓
CISP Schedule	Updated frequency for CISplatin 40 mg/m^2 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/m^2 IV day 1. Q21 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
CRBPPACL(W) New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; PACLitaxel 80 mg/m^2 IV days 1, 8, 15. Q28 days	✓	✓
Colorectal – Palliative			
MFOLFOX6+PNTM New Regimen	New evidence-informed regimen: • Oxaliplatin 85 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; PANitumumab 6 mg/kg IV day 1 – Not currently publicly funded for this regimen and intent; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days	✓	✓
Gastroesophageal – Palliative			
CAPECRBP+TRAS New Regimen	New evidence-informed regimen: • Capecitabine 1000 mg/m^2 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/m^2 PO BID days 1-14 – Not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 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/m^2 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/m^2 IV day 1;	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days		

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

Colorectal – Palliative	
CAPE	7-day CAPE schedule: Capecitabine 1000-1250 mg/m^2 PO BID x 7 days. Q14 days
CISPIRIN	CISplatin 6 mg/m^2 IV days 1, 8, 15; Irinotecan 27 mg/m^2 days 1, 8, 15. Q28 days *Alternative Schedule:* CISplatin 30 mg/m^2 IV Day 1; Irinotecan 80m g/m^2 IV Day 1. Q14 days
Gastroesophageal – Adjuvant/Curative	
CISPDOCEFU	DOCEtaxel 75-85 mg/m^2 IV day 1; CISplatin 75 mg/m^2 IV day 1; Fluorouracil 300 mg/m^2/day CIV days 1-14. Q21 days
Hepatobiliary – Palliative	
GEMOX	Gemcitabine 1000 mg/m^2 IV days 1, 8, 15; Oxaliplatin 85-100 mg/m^2 IV days 1, 15 – Not currently publicly funded for this regimen and intent. Q28 days
Pancreatic – Palliative	
GTX	Capecitabine 750 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Gemcitabine 750 mg/m^2 IV days 4, 11; DOCEtaxel 30 mg/m^2 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			

Updated Section	Change Description	ST-QBP	DF
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/m^2 IV (previously 1000-1250 mg/m^2)	✓	✓
GEMC(HD) New Regimen	New evidence-informed regimen: • Gemcitabine 1250 mg/m^2 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/m^2 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/m^2 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/m^2 IV day 1. Q21 days	✓	✓
	Myeloma - Palliative		
BORT(MNT) New Regimen	New evidence-informed regimen: • Bortezomib 1.3 mg/m^2 SC day 1 – not currently publicly funded for this regimen and intent. Q14 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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 days Cycles 3-6: Daratumumab 16 mg/kg IV days 1, 15. Q28 days Cycle 7 and beyond: Daratumumab 16 mg/kg IV day 1. Q28 days	✓	✓
MELPDEXA New Regimen	New evidence-informed regimen: • Melphalan 10 mg/m^2 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/m^2 IV days 1-5. Q28 days	✓	✓
PREDVNBL(IND) New Regimen	New evidence-informed regimen: for Langerhans Cell Histiocytosis • **Induction:** Prednisone 40 mg/m^2/d (in 3 divided doses) PO days 1-28 (taper over days 29-42); vinBLAStine 6 mg/m^2 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/m^2/d (in 3 divided doses) PO days 43-45, 50-52, 57-59, 64-66, 71-73, 78-80; vinBLAStine 6 mg/m^2 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/m^2/d PO x 12 months of total therapy; Prednisone 40 mg/m^2/d (in 3 divided doses) PO days 1-5 Q21 days x 12 months of total therapy; vinBLAStine 6 mg/m^2 IV day 1 Q21 days x 12 months of total therapy.	✓	✓

PRIMARY UNKNOWN

Updated Section	Change Description	ST-QBP	DF
Palliative			

Updated Section	Change Description	ST-QBP	DF
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(HYPERCA) Frequency	Updated frequency to "Single dose" to align with literature and clinical practice (previously: q28 days). Discussed with DST Lead.	✓	✓
ZOLE(HYPERCA) 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/m^2 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/m^2 IV day 1; mesna 500 mg/m^2 IV (pre-ifosfamide) days 2-5;	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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 <u>did not</u> 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			

Updated Section	Change Description	ST-QBP	DF
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/m^2 IV day 1; DOXOrubicin 50 mg/m^2 IV day 1; CISplatin 50 mg/m^2 IV day 1. Q21-28 days	✓	✓
	Adjuvant/Curative & Palliative		
CRBPFU(RT) Schedule	Added as an alternative schedule: • CARBOplatin 70 mg/m^2 IV days 1-5, 29-33; Fluorouracil 600 mg/m^2/day CIV days 1-5, 29-33. Concurrent with radiotherapy	✓	✓

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

Thyroid – Palliative	
GEMOX	Gemcitabine 1000 mg/m^2 IV Day 1; Oxaliplatin 100 mg/m^2 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 days Concurrent 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/m^2 IV days 1, 8; Pegylated Liposomal DOXOrubicin 15 mg/m^2 IV days 1, 8 – not currently publicly funded for this regimen and intent; Vinorelbine 20 mg/m^2 IV days 1, 8. Q21 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Alternative Schedule (for post-transplant patients): Gemcitabine 800 mg/m^2 IV days 1, 8; Pegylated Liposomal DOXOrubicin 10 mg/m^2 IV days 1, 8 – not currently publicly funded for this regimen and intent; Vinorelbine 15 mg/m^2 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/m^2 IV days 1-3 (max dose 1320 mg); DOXOrubicin 50 mg/m^2 IV day 4*; vinCRIStine 1.4 mg/m^2 (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/m^2 IV day 1. Q21-28 days *some centres may administer on day 3 Course 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/m^2 IV Day 1; Pemetrexed 500 mg/m^2 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/m^2 IV day 1, 8, 15. Q28 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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 days Alternative 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/m^2 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/m^2 IV day 1; DOXOrubicin 50 mg/m^2 IV day 1; vinCRIStine 1.4 mg/m^2 (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		

Updated Section	Change Description	ST-QBP	DF
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/m^2 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/m^2 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/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 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/m^2	✓	✓
Soft Tissue - Palliative			
VACTC Schedule	Added as an alternative schedule • vinCRIStine 1.5 mg/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 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/m^2	✓	✓
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/m^2	✓	✓

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

Soft Tissue – Palliative	
DCRB	Dacarbazine 1200 mg/m^2 IV day 1. Q21-28 days
Soft Tissue – Adjuvant/Curative	

Soft Tissue – Palliative	
VACTC	*Added as an alternative schedule* vinCRIStine 1.5 mg/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 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/m^2 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/m^2 IV days 1-5; CISplatin 20 mg/m^2 IV days 1-5; PACLitaxel 175 mg/m^2 IV day 1. Q21 days x 4 cycles	✓	✓
Testis – Palliative			
GEMCPACL New Regimen	New evidence-informed regimen • PACLitaxel 100 mg/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days	✓	✓
Renal Cell – Palliative			
FU(CIV)GEMC New Regimen	New evidence-informed regimen • Gemcitabine 600 mg/m^2 IV days 1, 8, 15; Fluorouracil 150 mg/m^2/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/m^2 IV day 1; CISplatin 60 mg/m^2 IV day 1; Fluorouracil 200 mg/m^2/day CIV. Q21 days	✓	✓

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

Bladder/Urothelial – Adjuvant/Curative	
DOXOGEMCPACL	Gemcitabine 900 mg/m^2 IV day 1; PACLitaxel 135 mg/m^2 IV day 1; DOXOrubicin 40 mg/m^2 IV day 1. Q14 days (up to 9 cycles)
Testis – Adjuvant/Curative	
GEMCPACL	PACLitaxel 100 mg/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 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/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 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/m^2	✓	✓

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/m^2 IV day 1, 8, 15. Q28days

Updates from March 15, 2016

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Lymphocytic Leukemia - Palliative		
IDEL+RITU Notes	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/m^2 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/m^2 IV days 1, 2, 15, 16 – Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28days Cycle 19 and beyond: (**Report as Regimen Code: DEXALENA**) Dexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28days	✓	✓
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/m^2 IV day 1 (previously 1,000 mg/m^2 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/m^2 day 1, cyclophosphamide 600 mg/m^2 day 1, Q14 days, then PACLitaxel 80 mg/m^2 Q7 days		✓
DAC New Regimen	New evidence-informed regimen • DOXOrubicin 50 mg/m^2 IV day 1 Cyclophosphamide 500 mg/m^2 IV day 1 DOCEtaxel 75 mg/m^2 IV day 1 Q21 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,	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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/m^2 IV days 1-3; Etoposide 100 mg/m^2 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/m^2 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/m^2 BID days 1-14 (previously 1000-1250 mg/m^2)	✓	
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/m^2 (previously 750-1000 mg/m^2).	✓	
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/m^2		✓
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/m^2 and cyclophosphamide dose to 500 mg/m^2 (previously epirubicin 50-60 mg/m^2 and cyclophosphamide 500-600 mg/m^2)		✓
LPRL Typo correction	Updated to Q3 months (previously Q3 months)		

Updated Section	Change Description	ST-QBP	DF
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/m^2 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+T RAS 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/m^2 days 1, 8, 15 Q28d (previously was an alternative schedule)		✓

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

Palliative	
DOCE(W)+PERT+TRAS	DOCEtaxel 35-40 mg/m^2 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 days Trastuzumab 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/m^2 IV Q4 weeks x 7 cycles THEN 750 mg/m^2 Q12 weeks x 4 additional cycles	✓	✓

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

Palliative	
CISPETOP(5D)	Etoposide 100 mg/m^2 /day x 5 days CISplatin 20 mg/m^2 /day x 5 days Q21 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/m^2 IV day 1; Capecitabine 1000 mg/m^2 PO Q12h days 1 to 14; – not currently funded publicly Q21days	✓	
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 days Cetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly	✓	
FU(W) Schedule	Updated fluorouracil schedule to 500 mg/m^2 IV days 1,8,15,22,29,36; Q56 days (previously listed in 500 mg/m^2 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/m^2 BID		✓
FOLFIRI Dose	Updated fluorouracil dose to: • Fluorouracil 2400 mg/m^2 CIV over 46h		✓
	Gastroesophageal - Adjuvant/Curative & Palliative		
CISPFU(RT) Alternative Schedule	Added alternative CISplatin schedule to CISPFU(RT) • CISplatin 15 mg/m^2 days 1-5		✓
	Pancreatic Adjuvant/Curative & Palliative		
FULCVR Dose	Updated 5-FU dosing range to: • Fluorouracil 400-425 mg/m^2 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/m^2 /day CIV over 24 hours, days 1-5, and 16-20 of radiation treatment (weeks 1 and 4) (Previously 22-26 of radiation treatment)	✓	✓

Updated Section	Change Description	ST-QBP	DF
	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/m^2 (previously 1250 mg/m^2) 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/m^2) • 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) OR Bevacizumab 15 mg/kg IV Day 1 (after combination with CARBOplatin/gemcitabine) - Not currently publicly funded for this regimen and intent Q21 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/m^2 IV days 1, 8;	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Bevacizumab 15 mg/kg IV day 1. Not currently publicly funded for this regimen and intent Q21 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/m^2 IV days 1 to 5 Ifosfamide 1200 mg/m^2 IV days 1 to 5 Mesna (refer to mesna table) Etoposide 75 mg/m^2 IV days 1 to 5 Q21 days	✓	✓

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

Regimen	Sub-Disease Site	Intent	Regimen Details
CISPVINO	Vulvar	Palliative	CISplatin 80mg/m^2 IV day 1 Vinorelbine 25 mg/m^2 days 1, 8 Q21 days
CRBPDOCE	Endometrial	Adjuvant/Curative	CARBOplatin **AUC 5 IV day 1.** DOCEtaxel **75mg/**m^2 **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/m^2 (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/m^2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m^2 IV x1, 24 hours)	✓	
ALL-R3(INT) Dose, Schedule	• Updated leucovorin abstract to 15 mg/m^2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m^2 IV x 1, 24 hours) • Updated asparaginase information to: to 6,000 units/m^2 (previously listed mg/m^2)	✓	

Type of Update	Change Description	ST-QBP	DF
	• 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/m^2 PO BID on days 1-5 of weeks 1, 5, 9 vinCRIStine 1.5mg/m^2 (Max 2mg) IV on day 1 of weeks 1, 5, 9 Mercaptopurine 75mg/m^2 PO daily Methotrexate 12mg IT on day 1 of week 3 Methotrexate 20mg/m^2 PO once weekly (except on week of IT Methotrexate) Sulfamethoxazole/trimethoprim 400mg/80mg PO BID on 2 consecutive days of each week Fluconazole 400mg PO daily Repeat 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+RITU Schedule	• 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/m^2 /day CIV days 1-7	✓	
CYTAIDAR Dose, Schedule	• Updated cytarabine dose 200 mg/m^2 CIV days 1-7 (Previously 1400 mg/m^2 (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/m^2 /day for consistency (in 2 divided doses PO)", previously "22.5 mg/m^2 /day PO BID"		
Acute Promyleocytic Leukemia (APL) Adjuvant/Curative			
AMSACYTATRET Regimen Removal	• Removed as an evidence-informed regimen	✓	

Type of Update	Change Description	ST-QBP	DF
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/m^2 /d PO days 1-7, 15-21, 29-35 (Previously 45 mg/m^2 /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/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days Note: 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/m^2 IV day 1, cycle 1, then riTUXimab 500 mg/m^2 IV day 1, cycles 2 to 6 (previously listed as riTUXimab 375 mg/m^2 IV day 1)	✓	

Type of Update	Change Description	ST-QBP	DF
CHLO Dose, Schedule	• Added chlorambucil 6 mg/m^2 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/m^2 ○ FC ○ FC(PO) (previously listed at 24 mg/m^2) ○ FC(PO)+R ○ FC+R ○ FCM ○ FCM+R	✓	✓
FCM+ALEM New Regimen	• Added as a new evidence-informed regimen Fludarabine 25 mg/m^2 IV days 1-3; Cyclophosphamide 200 mg/m^2 IV days 1-3; mitoXANTRONE 8 mg/m^2 IV day 1 Q28 days Alemtuzumab 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/m^2 IV day 1, week 1, then riTUXimab 500 mg/m^2 IV day 1, weeks 3, 5, 7, 9, 13, 17, 21 (total 8 infusions) (Previously riTUXimab 375 mg/m^2 IV cycle 1 day 1, 500 mg/m^2 cycle 1 day 15, cycle 2 day 1 & 15, 500 mg/m^2 IV cycles 2 to 6 day 1)	✓	✓
MTPR(HD) New Regimen	• Added as a new evidence-informed regimen Methylprednisolone 1 g/m^2 IV days 1-5 Q28 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/m^2 day 1 (previously CIV over 8 hours day 1)	✓	✓
ESHAP Drug, Dose	• Removed dexamethasone • Updated dose of cytarabine to 2,000mg/m^2 (previously listed at 200 mg/m^2)	✓	
OEPA-COPDAC Schedule	• Updated dacarbazine schedule to days 1-3 (previously listed at days 1-4)	✓	✓

Type of Update	Change Description	ST-QBP	DF
	• Updated prednisone dose in COPDAC to 40 mg/m^2 (previously listed at 60 mg/m^2)		
OPPA-COPP Dose	• Updated prednisone dose in COPP to 40mg/m^2 (previously listed at 60mg/m^2) • Updated prednisone dose in OPPA to 60 mg/m^2 (previously listed at 40 mg/m^2)	✓	✓
Hodgkin's Palliative			
CEP Frequency, Drug Addition	• Added chlorambucil 15 mg/m^2 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/m^2 (previously listed as 1,000mg/m^2) • 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/m^2 Day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	✓
High-Grade Lymphoma Adjuvant/Curative			
BEACOPP Dose	• Added that maximum dose for vinCRIStine is 1.4 mg/m^2 (max 2 mg) (previously listed at 1.4 mg/m^2)	✓	
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/m^2 Day 1 (previously CIV over 8 hours day 1)	✓	✓
EPOCH+RITU Update	• Updated regimen abstract for consistency with Burkitt's Lymphoma riTUXimab 375 mg/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days Note: this is dose-adjusted EPOCH	✓	✓
ESHAP Drug Removal	• Removed Dexamethasone	✓	
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 IV day 1 (previously 75 mg/m^2 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/m^2)		
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/m^2 IV day 1 (previously 75 mg/m^2 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/m^2)	✓	

Type of Update	Change Description	ST-QBP	DF
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/m^2 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/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days • Note: this is dose-adjusted EPOCH	✓	✓
ESHAP Drug Removal	• Removed Dexamethasone	✓	
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 IV day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	✓
Intermediate-Grade Lymphoma Palliative			
CHLO Dose, Schedule	• Added chlorambucil 6mg/m^2 PO days 1-14 (previously schedule not specified)		✓
CVP(PO) Dose	• Updated dose for vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose range)		✓
CYTA(IT) Dose	• Updated dose to 50-70 mg (previously 30 mg/m^2)		
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/m^2 IV Day 1 Bendamustine 70 mg/m^2 IV Days 2 and 3 Cytarabine 500-800 mg/m^2 IV Days 2 to 4 Q28 days For use in Mantle-Cell Lymphoma	✓	✓
BORT New Regimen	• Added as an evidence-informed regimen (Not publicly funded) Bortezomib 1.3 mg/m^2 IV / SC days 1, 4, 8, 11 – Not currently publicly funded for this regimen and intent Q21 days For use in Mantle-Cell Lymphoma	✓	✓
CHLO Dose, Schedule	• Added chlorambucil 6mg/m^2 PO days 1-14 (previously dose not specified)		✓
CHOP+R-DHAP+R Schedule	• Updated CISplatin schedule to 100 mg/m^2 Day 1 (previously CIV over 8 hours day 1)	✓	✓
CVP, CVP+R Doses	• Updated doses for cyclophosphamide 750mg/m^2 IV day 1; vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose ranges)		✓
CVP(PO) Dose	• Updated dose for vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose range)		✓

Type of Update	Change Description	ST-QBP	DF
FCM(PO) New Regimen	• Added FCM (PO) route as a new evidence-informed regimen Fludarabine 25 mg/m^2 PO days 1-5 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 150 mg/m^2 PO days 1-5; mitoXANTRONE 6 mg/m^2 IV day 1; Q28 days	✓	✓
FCM(PO)+R New Regimen	• Added FCM(PO) route as a new evidence-informed regimen Fludarabine 25 mg/m^2 PO days 1-5 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 150 mg/m^2 PO days 1-5; mitoXANTRONE 6 mg/m^2 IV day 1; riTUXimab 375 mg/m^2 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/m^2 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/m^2 IV days 1, 2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent OR, if days 1 and 2 well tolerated: Carfilzomib 27 mg/m^2 IV days 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent Cycles 2-12: Carfilzomib 27 mg/m^2 IV days 1 ,2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent Q28 days Cycles 13 and beyond: Carfilzomib 27 mg/m^2 IV days 1 ,2, 15, 16 – Not currently publicly funded for this regimen and intent Q28 days	✓	✓
CARFDEXA New Regimen	• Added as a new evidence-informed regimen: Cycle 1: Carfilzomib 20mg/m^2 IV days 1, 2; - Not currently publicly funded for this regimen and intent Carfilzomib 27mg/m^2 days 8, 9 15, 16; - Not currently publicly funded for this regimen and intent	✓	✓

Type of Update	Change Description	ST-QBP	DF
	Dexamethasone 20 mg PO days 1, 2, 8, 9, 15, 16, 22 and 23. Cycle 2 and beyond: Carfilzomib 27mg/m^2 IV days 1, 2, 8, 9 15, 16; - Not currently publicly funded for this regimen and intent Dexamethasone 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/m^2 IV days 1, 2; - Not currently publicly funded for this regimen and intent Carfilzomib 27mg/m^2 IV days 8, 9 15, 16; -- 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 Q28 days Cycle 2 and beyond: Carfilzomib 27mg/m^2 IV days 1, 2, 8, 9 15, 16; - 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 Q28 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/m^2 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 weekly Thalidomide 200 mg PO daily - Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO days 1-4 and 9-12 Q21 days For light-chain amyloidosis	✓	✓
CYCLDEXALENA New Regimen	• Added as a new evidence-informed regimen Cyclophosphamide 300mg/m^2 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 1-21 Dexamethasone 20-40 mg PO days 1,8,15,22 (previously was days 1, 8, 15, 21)	✓	✓

Type of Update	Change Description	ST-QBP	DF
	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/m^2 PO daily on days 1-7 Q28 days OFAtumumab given intravenously as follows: Cycle 1, day 1: 300 mg Cycle 1, day 8: 1000 mg Cycles 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. • Denosumab 120 mg SC Day 1 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/m^2 (previously 30 mg/m^2) days 1,8,15; • Updated vinorelbine to 25mg/m^2 (previously 20 mg/m^2) 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	• Updated vinCRIStine dose to 1.5 mg/m^2 (max 2 mg) • Added an alternative to DOXOrubicin in VAC: 75 mg/m^2 IV days (dose may be split over 2 days)	✓	✓

Updated Section	Change Description	ST-QBP	DF
IE-VAC Alternative Schedule	• 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/m^2 IV day 1-5 and 8-12; Temozolomide 100 mg/m^2 PO day 1-5 – Not publicly funded for this regimen and intent Q21 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/m^2 IV day 1 Q14 days	✓	✓
PGLDX Schedule	• Updated cycle frequency to: Pegylated liposomal DOXOrubicin 20 mg/m^2 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/m^2 IV day 1 - 5 Topotecan 0.75mg/m^2 IV days 1 - 5 Q21 days	✓	✓
VACTC New Regimen	• Added VACTC as an evidence-informed regimen vinCRIStine 1.5mg/m^2 (max 2mg) IV day 1; DACTINomycin 0.045mg/kg (max 2.5mg) IV day 1; Cyclophosphamide 1100mg/m^2 IV days 1 & 2; Mesna: Refer to mesna table in the document Q21 days For use in rhabdomyosarcoma	✓	✓
DOXO Dose	• Updated dose to 50 to 75 mg/m^2 IV day 1 (previously listed 60-75 mg/m^2)		✓
DOXOIFOS Dose	• Updated DOXOrubicin and ifosamide doses Multiple regimens exist with various dosing and schedule. One option includes: DOXOrubicin 25 mg/m^2 /day IV on days 1-3 (previously 50 mg/m^2 IV, day 1) Ifosfamide 2500 mg/m^2 /day IV on days 1-4 (previously 1667 mg/m^2 , days 1 to 3) Mesna: refer to the Mesna table	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Q21 days		
	Wilm's Tumour, Adjuvant/Curative & Palliative		
DOX/DCTNVCR-CYCETOVCR New Regimen	• Added new evidence-informed regimen Weeks 1-6: vinCRIStine 1.5 mg/m^2 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/m^2 IV once on day 1 of week 4 Weeks 7-12: Cyclophosphamide 440 mg/m^2 IV daily on days 1-5 of weeks 7 and 10 Etoposide 100 mg/m^2 IV daily on days 1-5 of weeks 7 and 10 vinCRIStine 1.5 mg/m^2 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/m^2 IV once on day 1 of weeks 13, 16, 22, 28, 31 On weeks 19 and 25: Cyclophosphamide 440 mg/m^2 IV daily on days 1-5 of weeks 19 and 25 Etoposide 100 mg/m^2 IV daily on days 1-5 of weeks 19 and 25 Adults 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/m^2 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/m^2 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 intent Q21 days for four cycles THEN Nivolumab 3mg/kg IV day 1. - Not currently publicly funded for this regimen and intent	✓	✓

Type of Update	Change Description	ST-QBP	DF
	Q14 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 days Cetuximab 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	July 2, 2015

Updated Section	Summary of Change	Date of Change
	• **Updated to:** IBRUtinib 420 - 560 mg PO daily – Not currently publicly funded for this regimen and intent	
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

Updated Section	Summary of Change	Date of Change
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

Updated Section	Summary of Change	Date of Change
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

Updated Section	Summary of Change	Date of Change
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) o Please see Oct 16th NDFP announcement	November 11th, 2014
Palliative GIST Regimens	• Removal of "not publicly funded note" for REGO o Please see Sept 26th NDFP announcement	November 11th, 2014
Palliative Myeloma Regimens	• Removal of "not publicly funded note" for LENA o Please see Sept 26th NDFP announcement	November 11th, 2014
Palliative Melanoma Regimens	• Removal of "not publicly funded note" for TRAM and DABR o 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 o Addition of alternative schedule	October 14th 2014
Palliative Gastroesophageal Regimens	• Updated IRIN abstract o 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 o 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 o Updated CRBP from AUC 6 to AUC 5-6 o Updated PACL from 90 mg/m^2 to 80-90 mg/m^2 • Updated GEMC abstract	October 14th 2014

Updated Section	Summary of Change	Date of Change
	○ Addition of alternative schedule	
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

Updated Section	Summary of Change	Date of Change

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/m^2 /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/m^2 to 175-200 mg/m^2
	• Updated CRBPETOP(RT) abstract
	  ○ Addition of alternative schedule
		June 2nd, 2014

Updated Section	Summary of Change	Date of Change
	○ Updated Etoposide dose from 100 mg/m^2 days 1-3 to 50 mg/m^2 days 1-5, and changed from Q21 to Q28 days	
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/m^2 to 175-200 mg/m^2	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