

Regimen Monograph

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A - Regimen Name

CISPETOP+DURV Regimen

Cisplatin-Etoposide-Durvalumab

Disease Site Lung
Small Cell

Intent Palliative

Regimen Category **Evidence-informed :**

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

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses First-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC), with good performance status upon treatment initiation with durvalumab

**Supplementary
Public Funding****[durvalumab](#)**

New Drug Funding Program (Durvalumab - In Combination with Etoposide and Platinum for Extensive-Stage Small Cell Lung Cancer) ([NDFP Website](#))

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B - Drug Regimen

durvalumab ¹	1500* mg	IV	Day 1
CISplatin	75 to 80 mg /m ²	IV	Day 1
etoposide	80 to 100 mg /m ²	IV	Days 1 to 3

¹Give durvalumab prior to chemotherapy.

*For patients with body weight ≤ 30 kg, give durvalumab 20 mg/kg, until weight increases to > 30 kg.

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C - Cycle Frequency**REPEAT EVERY 21 DAYS**

For 4 cycles, followed by durvalumab maintenance DURV(MNT), unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

Other Supportive Care:

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

Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

Consider pre-medication in patients with prior durvalumab infusion related reactions.

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J - Administrative Information

Approximate Patient Visit	Day 1: 5 hours; Days 2-3: 1 hour
Pharmacy Workload (average time per visit)	25.516 minutes
Nursing Workload (average time per visit)	44.943 minutes

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K - References

CADTH reimbursement review: durvalumab (extensive-stage small cell lung cancer). September 2021.

Paz-Ares L, Dvorkin M, Chen Y, et al. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. *Lancet* 2019 Nov 23;394(10212):1929-39. doi: 10.1016/S0140-6736(19)32222-6.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Small-Cell Lung Cancer: ASCO-OH\(CCO\) Guideline](#)

November 2023 Added PEBC guideline link

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

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

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