

- advanced disease,
- who have a good performance status,
- whose disease is not amenable to curative treatment, and
- who do not have active central nervous system (CNS) metastases or significant autoimmune disease

Supplementary Public Funding [pembrolizumab](#)
 New Drug Funding Program (Pembrolizumab - Metastatic, Persistent, or Recurrent Carcinoma of the Cervix) ([NDFP Website](#))

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B - Drug Regimen

pembrolizumab *	2 mg /kg	IV (max 200 mg)	Day 1
PACLitaxel	175 mg /m ²	IV	Day 1
CISplatin	50 mg /m ²	IV	Day 1

* Dosing based on NDFP funding criteria. Alternative dosing schedule: pembrolizumab 4mg/kg (max 400mg) IV q6 weeks.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS unless disease progression or unacceptable toxicity occurs

CISPPACL+PEMB is usually given for 6 cycles, followed by pembrolizumab maintenance. (Chemotherapy may be continued beyond 6 cycles for patients with ongoing benefit and without unacceptable side effects.)

If chemotherapy is discontinued for toxicity, pembrolizumab treatment may continue (up to 35 doses of pembrolizumab in total given every 3 weeks, or 18 doses given every 6 weeks).

Refer to [PEMB\(MNT\)](#) for the maintenance phase of treatment.

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D - Premedication and Supportive Measures

Antiemetic Regimen:

Moderate

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

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Pre-medications (prophylaxis for infusion reaction):

Paclitaxel*:

- Dexamethasone 20 mg PO 12- and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion[†]
- Diphenhydramine 25-50 mg IV/PO 30-60 minutes pre-infusion
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion

*Consider discontinuing pre-medications for paclitaxel if there was no IR in the first 2 doses.

†Oral and IV dexamethasone are both effective at reducing overall IR rates. Some evidence suggests that oral dexamethasone may be more effective for reducing severe reactions; however, adverse effects and compliance remain a concern.

Pembrolizumab:

- Routine pre-medication is not recommended.
- May consider antipyretic and H1-receptor antagonist in patients who experienced a grade 1-2 infusion reaction.

Other Supportive Care:

- Avoid the use of corticosteroids or immunosuppressants before starting pembrolizumab treatment. Corticosteroids may be used as premedication (e.g. antiemetic) when given with chemotherapy.
- For cisplatin, all patients should receive adequate hydration and premedication for emesis, according to local guidelines.

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J - Administrative Information

Approximate Patient Visit	7 to 8 hours
Pharmacy Workload (average time per visit)	40.161 minutes
Nursing Workload (average time per visit)	69.833 minutes

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K - References

CADTH reimbursement recommendation: Pembrolizumab (treatment of adult patients with persistent, recurrent, or metastatic cervical cancer whose tumours express PD-L1 (CPS \geq 1), as determined by a validated test, in combination with chemotherapy with or without bevacizumab). December 2022.

Colombo N, Dubot C, Lorusso D, et al. Pembrolizumab for persistent, recurrent, or metastatic cervical cancer. *N Engl J Med*. 2021 Nov 11;385(20):1856-1867. doi: 10.1056/NEJMoa2112435

August 2023 Updated the "Administrative Information" section with pharmacy and nursing workload.

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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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

Regimen Monographs

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

funding information.

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