Regimen Monograph

A - Regimen Name

CISPPACL+PEMB Regimen

CISplatin-PACLitaxel-Pembrolizumab

Disease Site

Gynecologic
Endometrial

Intent

Adjuvant
Curative
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

Treatment of patients with primary advanced or recurrent endometrial carcinoma (newly diagnosed stage III or IVA with measurable disease, or stage IVB or recurrent endometrial cancer, with or without measurable disease)

Refer to NDFP form for full funding details.

Supplementary Public Funding	**pembrolizumab** New Drug Funding Program (Pembrolizumab - Primary Advanced or Recurrent Endometrial Carcinoma) (NDFP Website)

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B - Drug Regimen

pembrolizumab[1,2]	2 mg /kg	IV (max 200 mg)	Day 1
PACLitaxel	175 mg /m²	IV	Day 1
CISplatin	75 mg /m²	IV	Day 1

1Dosing based on NDFP funding criteria. Alternative dosing schedule: pembrolizumab 4mg/kg (max 400mg) IV q6 weeks.

[2]Give pembrolizumab before chemotherapy when given on the same day.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Give CISPPACL+PEMB for up to 6 cycles, followed by pembrolizumab maintenance for a maximum of 2 years (including pembrolizumab doses given with chemotherapy), unless disease progression or unacceptable toxicity.

Refer to PEMB(MNT) for details on maintenance pembrolizumab.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

- 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

Dimopoulos MA, Papadimitriou CA, Georgoulias V, et al. Paclitaxel and cisplatin in advanced or recurrent carcinoma of the endometrium: long-term results of a phase II multicenter study. Gynecol Oncol 2000;78(1):52-7.

Eskander RN, Sill MW, Beffa L, et al. Pembrolizumab plus Chemotherapy in Advanced Endometrial Cancer. N Engl J Med 2023 Jun 8;388(23):2159-70. doi: 10.1056/NEJMoa2302312.

Piccart MJ, Bertelsen K, James K , et al. Randomized intergroup trial of cisplatin-paclitaxel versus cisplatin – cyclophosphamide in women with advanced epithelial ovarian cancer: Three year results. J National Cancer Institute 2000;92:699-708.

Reimbursement recommendation: Pembrolizumab. Canada's Drug Agency, June 2025.

September 2025 new ST-QBP regimen

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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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