

## Regimen Monograph

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### A - Regimen Name

## CISP(RT-W)+PEMB Regimen

Cisplatin (weekly) with radiotherapy-Pembrolizumab

## PEMB Regimen

Pembrolizumab

**Disease Site** Gynecologic  
Cervix

**Intent** Adjuvant  
Curative

**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** Treatment of newly diagnosed, high-risk, locally advanced cervical cancer

## Uses

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### B - Drug Regimen

#### Concurrent with radiotherapy:

<a href="#">pembrolizumab</a> <sup>†</sup>	200 mg	IV	Day 1 and 22
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(This drug is not currently publicly funded for this regimen and intent)

<a href="#">CISplatin</a> <sup>1</sup>	40 mg /m <sup>2</sup>	IV	Days 1, 8, 15, 22, 29*
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\* Day 36 cisplatin dose is optional.

<sup>1</sup> Some clinical trials used a maximum cisplatin dose of 70 mg.

#### Then, continue with single agent pembrolizumab (PEMB) q3 weeks:

<a href="#">pembrolizumab</a>	200 mg	IV	Day 43, 64, and 85 (q3 weeks for 3 doses)
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(This drug is not currently publicly funded for this regimen and intent)

#### Followed by single agent pembrolizumab (PEMB) q6 weeks (start 3 weeks after last pembrolizumab dose) x 15 doses:

<a href="#">pembrolizumab</a>	400 mg	IV	Every 6 weeks for 15 doses
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(This drug is not currently publicly funded for this regimen and intent)

<sup>†</sup> Give pembrolizumab before chemotherapy when given on the same day.

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### C - Cycle Frequency

**Cisplatin:** Repeat weekly for 5 to 6 doses concurrently with radiotherapy

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**Pembrolizumab:** Repeat 200 mg every 21 days for 5 cycles, followed by 400 mg every 6 weeks for 15 cycles

Unless disease progression or unacceptable toxicity

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate (Cisplatin with or without pembrolizumab)  
Minimal (Pembrolizumab only)

### Other Supportive Care:

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.

### Pembrolizumab:

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

### Cisplatin:

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

### Other:

- Avoid the use of corticosteroids or immunosuppressants before starting pembrolizumab treatment. Corticosteroids may be used as premedication (e.g. antiemetic) when given with chemotherapy.

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## J - Administrative Information

#### Approximate Patient Visit

CISP(RT-W)+PEMB	1-2 hours
PEMB	0.75 hour

#### Pharmacy Workload (average time per visit)

CISP(RT-W)+PEMB	21.749 minutes
PEMB	19.75 minutes

#### Nursing Workload (average time per visit)

CISP(RT-W)+PEMB	41.667 minutes
PEMB	40.75 minutes

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## K - References

Cisplatin drug monograph. Ontario Health (Cancer Care Ontario).

Keys HM, Bundy BN, Stehman FB, et al. Cisplatin, radiation and adjuvant hysterectomy compared with radiation and adjuvant hysterectomy for bulky stage IB cervical carcinoma. N Engl J Med 1999;340:1154-61.

Lorusso D, Xiang Y, Hasegawa K, et al. Pembrolizumab or placebo with chemoradiotherapy followed by pembrolizumab or placebo for newly diagnosed, high-risk, locally advanced cervical cancer (ENGOT-cx11/GOG-3047/KEYNOTE-A18): overall survival results from a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet 2024;404(10460):1321-32. doi: 10.1016/S0140-6736(24)01808-7.

Lorusso D, Xiang Y, Hasegawa K, et al. Pembrolizumab or placebo with chemoradiotherapy followed by pembrolizumab or placebo for newly diagnosed, high-risk, locally advanced cervical cancer (ENGOT-cx11/GOG-3047/KEYNOTE-A18): a randomised, double-blind, phase 3 clinical trial. Lancet 2024;403(10434):1341-50. doi: 10.1016/S0140-6736(24)00317-9.

Pembrolizumab drug monograph. Ontario Health (Cancer Care Ontario).

### **PEBC Advice Documents or Guidelines**

- [Primary Treatment for Locally Advanced Cervical Cancer: Concurrent Platinum-based Chemotherapy and Radiation](#)

**May 2025** new ST-QBP regimen

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**M - Disclaimer**

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**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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