

## Regimen Monograph

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### A - Regimen Name

## CISP(RT-W)+PEMB Regimen

Cisplatin (weekly) with radiotherapy-Pembrolizumab

## PEMB Regimen

Pembrolizumab

**Disease Site** Head and Neck  
Squamous Cell

**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 Uses** Post-operative treatment of resectable, locally advanced (Stage III-IVA) head and neck squamous cell carcinoma (HNSCC)

(Refer to NDFP eligibility form for detailed funding criteria.)

**Supplementary Public Funding** [pembrolizumab](#)  
New Drug Funding Program (Pembrolizumab - (Neo)adjuvant Treatment for Resectable Locally Advanced Head and Neck Squamous Cell Carcinoma) ([NDFP Website](#))

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## B - Drug Regimen

### Concurrent with radiotherapy (RT):

[pembrolizumab](#)<sup>1,2</sup>                      2 mg /kg                      IV (max 200 mg)                      Day 1; q3 weeks

### WITH

[CISplatin](#)                                      40 mg /m<sup>2</sup>                                      IV                                      Day 1; q weekly for 7 doses

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

<sup>2</sup>Administer pembrolizumab prior to chemoradiotherapy when given on the same day.

### Followed by single agent pembrolizumab (PEMB):

[pembrolizumab](#)                                      2 mg /kg                                      IV (max 200 mg)                                      Day 1; q3 weeks

### OR

[pembrolizumab](#)                                      4 mg /kg                                      IV (max 400 mg)                                      Day 1; q6 weeks

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## C - Cycle Frequency

**Cisplatin: REPEAT EVERY 7 DAYS** for 7 doses (concurrent with RT)

**Pembrolizumab: REPEAT EVERY 21 DAYS** for 3 cycles<sup>†</sup> (concurrent with RT)

<sup>†</sup>Pembrolizumab 2 mg/kg dosing

[(Alternative) Pembrolizumab 4 mg/kg dosing: Repeat EVERY 42 DAYS for 2 cycles]

Followed by single agent PEMB, until disease progression or unacceptable toxicity, or for a total maximum duration of 1 year or equivalent (including neoadjuvant doses), whichever comes first.

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate

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

**Pre-medications for pembrolizumab (prophylaxis for infusion reaction):**

- 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

|                        |           |
|------------------------|-----------|
| <b>CISP(RT-W)+PEMB</b> | 1-2 hours |
| <b>PEMB</b>            | 0.75 hour |

### Pharmacy Workload (average time per visit)

|                        |                |
|------------------------|----------------|
| <b>CISP(RT-W)+PEMB</b> | 21.749 minutes |
| <b>PEMB</b>            | 19.75 minutes  |

### Nursing Workload (average time per visit)

|                        |                |
|------------------------|----------------|
| <b>CISP(RT-W)+PEMB</b> | 41.667 minutes |
| <b>PEMB</b>            | 40.75 minutes  |

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## K - References

Bachaud JM, Cohen-Jonathan E, Alzieu C, David JM, Serrano E, Daly-Schweitzer N. Combined postoperative radiotherapy and weekly cisplatin infusion for locally advanced head and neck carcinoma: final report of a randomized trial. *Int J Radiat Oncol Biol Phys*. 1996 Dec 1;36(5):999-1004.

Canada's Drug Agency. Reimbursement Recommendation: Pembrolizumab (Keytruda). *Canadian Journal of Health Technologies*. October 2025.

Chan AT, Leung SF, Ngan RK, Teo PM, et al. Overall survival after concurrent cisplatin-radiotherapy compared with radiotherapy alone in locoregionally advanced nasopharyngeal carcinoma. *J Natl Cancer Inst*. 2005 Apr 6;97(7):536-9.

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

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Tsan DL, Lin CY, Kang CJ, et al. The comparison between weekly and three-weekly cisplatin delivered concurrently with radiotherapy for patients with postoperative high-risk squamous cell carcinoma of the oral cavity. *Radiat Oncol* 2012;7:215

Uppaluri R, Haddad RI, Tao Y, et al. Neoadjuvant and adjuvant pembrolizumab in locally advanced head and neck cancer. *N Engl J Med*. 2025 Jul 3;393(1):37-50. doi: 10.1056/NEJMoa2415434.

**February 2026** 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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