Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CRBPETOP+ATEZ Regimen

CARBOplatin-Etoposide-Atezolizumab

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

For first-line treatment of extensive-stage small cell lung cancer, in patients with good performance status

Supplementary Public Funding

atezolizumab
New Drug Funding Program (Atezolizumab - In Combination with Etoposide and Platinum for Extensive-Stage Small Cell Lung Cancer) (NDFP Website)

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B - Drug Regimen

atezolizumab	1200 mg	IV	Day 1
CARBOplatin	AUC 5	IV	Day 1

Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in the "Other Notes" section.

etoposide	100 mg /m²	IV	Days 1 to 3

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 4 cycles, followed by atezolizumab maintenance (ATEZ(MNT)), unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

Also refer to CCO Antiemetic Recommendations.

Pre-medications (prophylaxis for infusion reaction):

Atezolizumab:

- There is insufficient evidence that routine prophylaxis with premedications reduce infusion reaction (IR) rates.
- Consider antipyretic and H1-receptor antagonist upon atezolizumab re-challenge.

Carboplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduce infusion reaction (IR) rates.
- Corticosteroids and H1-receptor antagonists ± H2-receptor antagonists **may** reduce IR rates for some patients (e.g. gynecological patients with a PFI >12 months or a history of drug allergy who are receiving carboplatin starting from the 7th cycle) but no optimal pre-medication regimen has been established.

Also refer to the CCO guideline for detailed description of Management of Cancer Medication-Related Infusion Reactions.

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

Refer to CCO's Immune Checkpoint Inhibitor Toxicity Management Guideline for detailed descriptions of Immune-related toxicities and their management.

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J - Administrative Information

Approximate Patient Visit	D1: 3 to 3.5 hours; D2-3: 1 hour
Pharmacy Workload (average time per visit)	16.480 minutes
Nursing Workload (average time per visit)	43.277 minutes

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K - References

CADTH reimbursement recommendation: Atezolizumab (In combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer). September 2022.

Carboplatin, etoposide, and atezolizumab drug monographs, Ontario Health (Cancer Care Ontario).

Horn L, Mansfield AS, Szczesna A, et al. First-line atezolizumab plus chemotherapy in extensive stage small-cell lung cancer. N Engl J Med 2018;379:2220-9.

Klastersky J, Sculier JP, Dabouis G, et al. A randomized trial of two platinum combinations in patients with advanced non-small cell lung cancer: a preliminary

report. European Organization for the Research and Treatment of Cancer--Lung Cancer Working Party. Semin Oncol. 1990 Feb;17(1 Suppl 2):20-4.

Smith IE, Evans BD, Gore ME, et al. Carboplatin (Paraplatin; JM8) and etoposide (VP-16) as first-line combination therapy for small cell lung cancer. J Clin ONcol 1987;5:185-9.

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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L - Other Notes

Calvert Formula

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756)

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M - Disclaimer

Regimen Abstracts

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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.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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