

## Regimen Monograph

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## A - Regimen Name

# CRBPETOP(PO)+ATEZ Regimen

CARBOplatin-Etoposide (oral)-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** [etoposide](#)  
ODB - General Benefit (etoposide - oral capsules)

[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**

<a href="#">atezolizumab</a>	1200 mg	IV	Day 1
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<a href="#">CARBOplatin</a>	AUC 5	IV	Day 1
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Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in the "Other Notes" section.

<a href="#">etoposide</a>	200* mg /m <sup>2</sup>	PO	Days 1 to 3
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\*Alternative: Etoposide 100 mg/m<sup>2</sup> IV day 1 then 200 mg/m<sup>2</sup> PO days 2-3

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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)  
No routine prophylaxis for etoposide PO

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	2 to 3 hours
Pharmacy Workload (average time per visit)	30.320 minutes
Nursing Workload (average time per visit)	45.833 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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**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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