Regimen Monograph

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

A - Regimen Name

CRBPETOP(PO)+DURV Regimen

CARBOplatin-Etoposide(PO)-Durvalumab

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

First-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC), with good performance status upon treatment initiation with durvalumab

Supplementary Public Funding	**durvalumab** New Drug Funding Program (Durvalumab - In Combination with Etoposide and Platinum for Extensive-Stage Small Cell Lung Cancer) (NDFP Website)

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B - Drug Regimen

durvalumab[1]	1500* mg	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1
etoposide[2]	200 mg /m²	PO	Days 1 to 3

[1]Give durvalumab prior to chemotherapy.

*For patients with body weight ≤ 30 kg, give durvalumab 20 mg/kg, until weight increases to > 30 kg.

[2]Alternative etoposide schedule: etoposide 80-100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2 to 3.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 4 cycles, followed by durvalumab maintenance DURV(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)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

Consider pre-medication in patients with prior durvalumab infusion related reactions.

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J - Administrative Information

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	30.320 minutes
Nursing Workload (average time per visit)	54.167 minutes

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K - References

CADTH reimbursement review: durvalumab (extensive-stage small cell lung cancer). September 2021.

Paz-Ares L, Dvorkin M, Chen Y, et al. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. Lancet 2019 Nov 23;394(10212):1929-39. doi: 10.1016/S0140-6736(19)32222-6.

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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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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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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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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