Regimen Monograph

A - Regimen Name

CRBPETOP(RT) Regimen

Carboplatin-Etoposide

Disease Site Lung - Non-Small Cell

Intent Adjuvant
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.

back to top

B - Drug Regimen

CARBOplatin	AUC 5	IV	Day 1

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

etoposide	50 mg /m²	IV	Days 1 to 5

Alternative Schedule:

CARBOplatin	AUC 3	IV	Days 1 and 8
etoposide	50 mg /m²	IV	Days 1 to 5

back to top

C - Cycle Frequency

REPEAT EVERY 28 DAYS

Concurrent with radiotherapy

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5) (D1)
Low (D2-5)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

back to top

J - Administrative Information

Approximate Patient Visit	Days 1 (or 8): 2 hours; Etoposide days: 1 hour
Pharmacy Workload (average time per visit)	13.782 minutes

Nursing Workload (average time per visit) 42.5 minutes

back to top

K - References

Albain KS, Swann RS, Rusch VR, et al. Radiotherapy plus chemotherapy with or without surgical resection for stage III non-small-cell lung cancer: a phase III randomised controlled trial. Lancet 2009; 374: 379-86.

Fukuoka M, Furuse K, Saijo N, et al. Randomized trial of cyclophosphamide, doxorubicin, and vincristine versus cisplatin and etoposide versus alteration of these regimens in small cell lung cancer. JNCI, 1991; 83: 855-861

Kris MG, Gaspar LE, Chaft JE, et al. Adjuvant Systemic Therapy and Adjuvant Radiation Therapy for Stage I to IIIA Completely Resected Non-Small-Cell Lung Cancers: American Society of Clinical Oncology/Cancer Care Ontario Clinical Practice Guideline Update. J Clin Oncol 2017;35(25):2960-74.

Spigel DR, Townley PM, Waterhouse DM, et al. Randomized phase II study of bevacizumab in combination with chemotherapy in previously untreated extensive-stage small-cell lung cancer: results from the SALUTE trial. J Clin Oncol 2011;29(16):2215-22.

September 2019 Added palliative intent as a new ST-QBP regimen.

back to top

L - Other Notes

Calvert Formula: (area under the curve method)

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

back to top

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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back to top