

## Regimen Monograph

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## A - Regimen Name

# CRBPETOP Regimen

## CARBOplatin-Etoposide

**Disease Site**      Gynecologic - Cervix  
Gynecologic - Endometrial  
Gynecologic - Ovary

**Intent**              Palliative  
Adjuvant

**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.

**Rationale and Uses**      For small cell carcinoma

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## B - Drug Regimen

[CARBOplatin](#)                      AUC 4 to 6                      IV                      Day 1

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

[etoposide](#)                              100 mg /m<sup>2</sup>                      IV                      Days 1 to 3

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### C - Cycle Frequency

#### REPEAT EVERY 21 DAYS

For a usual total of 6 cycles unless disease progression or unacceptable toxicity occurs

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### D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC  $\geq$  5) (D1)  
Moderate (Carboplatin AUC < 5) (D1)  
Low (D2, 3)

#### Other Supportive Care:

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

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### J - Administrative Information

Approximate Patient Visit	Day 1: 2 hours; Day 2-3: 1 hour
Pharmacy Workload (average time per visit)	13.782 minutes
Nursing Workload (average time per visit)	42.500 minutes

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### K - References

Carboplatin and etoposide drug monographs, Cancer Care Ontario.

Reckova M, Mego M, Rejlekova K, et al. Small-cell carcinoma of the ovary with breast metastases: a case report. *Klin Onkol* 2010;23(1):43-5.

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.

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June 2019 Updated emetic risk category

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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**

*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.*

*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.*

### **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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