Regimen Monograph

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

A - Regimen Name

CRBPETOP Regimen

CARBOplatin-Etoposide

Disease Site	Skin - Merkel 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.

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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	100 mg /m²	IV	Days 1 to 3

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative carboplatin toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (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

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Carboplatin, etoposide drug monographs, Cancer Care Ontario.

Davis MP, Miller EM, Rau RC, et al. The use of VP16 and cisplatin in the treatment of Merkel cell carcinoma. J Dermatol Surg Oncol. 1990 Mar;16(3):276-8.

McAfee WJ, Morris CG, Mendenhall CM, et al. Merkel cell carcinoma: treatment and outcomes.Cancer 2005; 104(8):1761–4.

Pectasides D, Pectasides M, Psyrri A, et al. Cisplatin-based chemotherapy for merkel cell carcinoma of the skin. Cancer Invest 2006;24(8):780-5.

Redmond III J, Perry J, Sowray P, et al. Chemotherapy of disseminated merkel-cell carcinoma. American Journal of Clinical Oncology 1991;14(4):305-7.

Tai PTH, Yu E, Winquist E, et al., Chemotherapy in neuroendocrine/ Merkel cell carcinoma of the skin: case series and 8 Journal of Skin Cancer review of 204 cases. Journal of Clinical Oncology 2000;18(12):2493-9.

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

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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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