

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

CRBPGEMCPACL Regimen

Carboplatin-Gemcitabine-Paclitaxel

Disease Site Genitourinary - Bladder / Urothelial

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.

[back to top](#)

B - Drug Regimen

PACLitaxel	200 mg /m ²	IV	Day 1
CARBOplatin	AUC 5	IV	Day 1

gemcitabine800 mg /m²

IV

Days 1 and 8

[back to top](#)**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

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

[back to top](#)**D - Premedication and Supportive Measures**

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC \geq 5) (D1)
Low (D8)

Other Supportive Care:

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

[back to top](#)**J - Administrative Information**

Approximate Patient Visit	Day 1: 5 hours; Day 8: 0.75 hour
Pharmacy Workload (average time per visit)	32.8 minutes
Nursing Workload (average time per visit)	48.25 minutes

[back to top](#)**K - References**

Hussain M, Vaishampayan U, Du W, et al. Combination paclitaxel, carboplatin, and gemcitabine is an active treatment for advanced urothelial cancer. J Clin Oncol 2001;19(9):2527-33.

May 2019 Updated emetic risk category

[back to top](#)

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)

[back to top](#)

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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[back to top](#)