

Regimen Monograph

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A - Regimen Name

CRBPGEMC Regimen

Gemcitabine-CARBOplatin

Disease Site Lung
Mesothelioma (Pleural)

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 As an alternative to first-line CRBPPEME if contraindicated

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B - Drug Regimen

gemcitabine	1000 mg /m ²	IV	Days 1 and 8
CARBOplatin	AUC 5	IV	Day 1

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

Alternative Schedule:

gemcitabine	1000 mg /m ²	IV	Days 1, 8 and 15
CARBOplatin	AUC 5	IV	Day 1

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C - Cycle Frequency

Standard schedule: REPEAT EVERY 21 DAYS

Alternative schedule: REPEAT EVERY 28 DAYS

Up to 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 ≥ 5) (D1)
Low (D8)

Other Supportive Care:

Alternative schedules may have different emetic risk. Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	Day 1: 2 hours; Day 8: 45 minutes
Pharmacy Workload (average time per visit)	28.715 minutes
Nursing Workload (average time per visit)	42.917 minutes

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K - References

Favaretto AG, Aversa SM, Paccagnella A, et al. Gemcitabine combined with carboplatin in patients with malignant pleural mesothelioma: a multicentric phase II study. *Cancer* 2003;97(11):2791-7.

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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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