

Regimen Monograph

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A - Regimen Name

CRBPIRIN Regimen

CARBOplatin - Irinotecan

Disease Site	Breast
	Central Nervous System
	Gastrointestinal
	Colorectal
	Esophagus
	Gastric / Stomach
	Hepatobiliary / Liver / Bile Duct
	Pancreas
	Genitourinary
	Bladder / Urothelial
	Prostate
	Gynecologic
	Cervix
	Endometrial
	Ovary
	Head and Neck
	Lung
	Small Cell

Intent	Adjuvant
	Curative
	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

- For treatment of lung and extrapulmonary small cell cancers if etoposide is unavailable due to a supply disruption.

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B - Drug Regimen

CARBOplatin	AUC 5	IV	Day 1
irinotecan	50-65 mg /m ²	IV	Days 1 and 8

Alternative Schedule 1:

CARBOplatin	AUC 5	IV	Day 1
irinotecan	50-60 mg /m ²	IV	Days 1, 8, and 15

Alternative Schedule 2:

CARBOplatin	AUC 5	IV	Day 1
irinotecan	150 mg /m ²	IV	Day 1

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C - Cycle Frequency

Standard Schedule: REPEAT EVERY 21 DAYS

Alternative Schedule 1: REPEAT EVERY 28 DAYS

Alternative Schedule 2: REPEAT EVERY 21 DAYS

Extensive Stage: For a usual total of 4-6 cycles unless disease progression or unacceptable toxicity occurs

Limited stage: For a usual total of 3 cycles after completion of concurrent chemoradiation therapy with CRBPETOP(RT)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC \geq 5) (D1)
Moderate (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	2-4 hours
Pharmacy Workload (average time per visit)	17.69 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Chen G, Huynh M, Fehrenbacher L, et al. Phase II trial of irinotecan and carboplatin for extensive or relapsed small-cell lung cancer. *J Clin Oncol*. 2009;27:1401-1404.

Hanna N, Bunn PA Jr, Langer C, et al. Randomized phase III trial comparing irinotecan/cisplatin with etoposide/cisplatin in patients with previously untreated extensive-stage disease small-cell lung cancer. *J Clin Oncol*. 2006 May 1;24(13):2038-43.

Kubota K, Hida T, Ishikura S, et al. Etoposide and cisplatin versus irinotecan and cisplatin in patients with limited-stage small-cell lung cancer treated with etoposide and cisplatin plus concurrent accelerated hyperfractionated thoracic radiotherapy (JCOG0202): a randomised phase 3 study. *Lancet Oncol*. 2014;15:106-13.

Lara PN Jr, Natale R, Crowley J, et al. Phase III trial of irinotecan/cisplatin compared with etoposide/cisplatin in extensive-stage small-cell lung cancer: clinical and pharmacogenomic results from SWOG S0124. *J Clin Oncol* 2009;27(15):2530-5.

Noda K, Nishiwaki Y, Kawahara M, et al. Irinotecan plus cisplatin compared with etoposide plus cisplatin for extensive small-cell lung cancer. *N Engl J Med* 2002;346(2):85-91.

Saito H, Takada Y, Ichinose Y, et al. Phase II study of etoposide and cisplatin with concurrent twice-daily thoracic radiotherapy followed by irinotecan and cisplatin in patients with limited-disease small-cell lung cancer: west Japan thoracic oncology group 9902. *J Clin Oncol*.2006;24:5247-5252.

Schmittel A, Fischer von Weikersthal L, Sebastian M, et al. A randomized phase II trial of irinotecan plus carboplatin versus etoposide plus carboplatin treatment in patients with extended disease small-cell lung cancer. *Ann Oncol*. 2006;17:663-667.

Zatloukal P, Cardenal F, Szczesna A, et al. A multicenter international randomized phase III study comparing cisplatin in combination with irinotecan or etoposide in previously untreated small-cell lung cancer patients with extensive disease. *Ann Oncol*. 2010 Sep;21(9):1810-6.

PEBC Advice Documents or Guidelines

- [Initial Management of Small Cell Lung Cancer \(Limited and Extensive Stage\) and the Role of Thoracic Radiotherapy and First-Line Chemotherapy](#)
- [Systemic Therapy for Small-Cell Lung Cancer: ASCO-OH\(CCO\) Guideline](#)

December 2023 Added PEBC guideline link

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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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