Regimen Monograph

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

A - Regimen Name

CRBPPAC+ETOP(PO) Regimen

PACLitaxel-CARBOplatin-Etoposide (oral)

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.
Supplementary Public Funding	**etoposide** ODB - General Benefit (etoposide - oral capsules) (ODB Formulary)

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B - Drug Regimen

PACLitaxel	200 mg /m²	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1
etoposide	50 mg	PO	Days 1, 3, 5, 7, 9
etoposide	100 mg	PO	Days 2, 4, 6, 8, 10

(outpatient prescription in multiples of 50mg capsules)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 6 cycles or until evidence of progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)
No routine prophylaxis for etoposide PO

Also refer to CCO Antiemetic Recommendations.

Pre-medications (prophylaxis for infusion reaction):

Paclitaxel*:

- Dexamethasone 20 mg PO 12- and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion†
- Diphenhydramine 25-50 mg IV/PO 30-60 minutes pre-infusion
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion

*Consider **discontinuing** pre-medications for paclitaxel if there was no IR in the first 2 doses.

†Oral and IV dexamethasone are both effective at reducing overall IR rates. Some evidence suggests that oral dexamethasone may be more effective for reducing severe reactions; however, adverse effects and compliance remain a

concern.

Carboplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduce infusion reaction (IR) rates.
- Corticosteroids and H1-receptor antagonists ± H2-receptor antagonists **may** reduce IR rates for some patients (e.g. gynecological patients with a platinum-free interval (PFI) > 12 months or a history of drug allergy who are receiving carboplatin starting from the 7th cycle) but no optimal pre-medication regimen has been established.

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J - Administrative Information

Approximate Patient Visit	5-6 hours
Pharmacy Workload (average time per visit)	30.383 minutes
Nursing Workload (average time per visit)	59.833 minutes

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K - References

Greco FA, Rodriguez GI, Shaffer DW, et al. Carcinoma of unknown primary site: sequential treatment with paclitaxel/carboplatin/etoposide and gemcitabine/irinotecan: a Minnie Pearl Cancer Research Network phase II trial. Oncologist 2004;9(6):644-52.

Greco FA, Burris HA, Erland JB, et al. Carcinoma of unknown primary site: long term follow-up after treatment with paclitaxel, carboplatin, and etoposide. Cancer 2000;89(12):2655-60.

Hainsworth JD, Spigel DR, Clark BL, et al. Paclitaxel/carboplatin/etoposide versus gemcitabine/irinotecan in the first-line treatment of patients with carcinoma of unknown primary site: a randomized, phase III Sarah Cannon Oncology Research Consortium Trial. Cancer J. 2010 Jan-Feb;16(1):70-5.

Hainsworth JD, Spigel DR, Litchy S, Greco FA, et al. Phase II trial of paclitaxel, carboplatin, and etoposide in advanced poorly differentiated neuroendocrine carcinoma: a Minnie Pearl Cancer Research Network Study. J Clin Oncol 2006;24(22):3548-54.

August 2020 Updated infusion reaction information in Premedication and Supportive Measures section

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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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