Regimen Monograph

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

A - Regimen Name

CRBPPACL+CEMI Regimen

Carboplatin-Paclitaxel-Cemiplimab

Disease Site

Lung
Non-Small 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.

Rationale and Uses

First-line treatment in patients with advanced non-small cell lung cancer (NSCLC) (metastatic or unresectable locally advanced disease not suitable for definitive chemoradiation)

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B - Drug Regimen

PACLitaxel	200 mg /m²	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1
cemiplimab[1]	350 mg	IV	Day 1

(This drug is not publicly funded. Universal compassionate access program is available.)

[1]Administer the chemotherapy drugs first, followed by cemiplimab on the same day.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a total of 4 cycles, unless disease progression or unacceptable toxicity

After completion of CRBPPACL+CEMI, continue with maintenance cemiplimab (regimen code: CEMI(MNT)).

If chemotherapy is discontinued due to toxicity, may continue with cemiplimab maintenance (regimen code: CEMI(MNT)).

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

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.

Cemiplimab:

- Routine pre-medication is not recommended. No premedication was given for the first dose of cemiplimab during clinical trials.
- May consider premedication in patients who experienced a grade 1-2 infusion reaction. (Migden et al) Refer to Management of Infusion-related Reactions table.

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J - Administrative Information

Approximate Patient Visit	5 to 6 hours
Pharmacy Workload (average time per visit)	37.558 minutes
Nursing Workload (average time per visit)	59.167 minutes

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K - References

Gogishvili M, Melkadze T, Makharadze T, et al. Cemiplimab plus chemotherapy versus chemotherapy alone in non-small cell lung cancer: a randomized, controlled, double-blind phase 3 trial. Nat Med 2022 Nov;28(11):2374-80.

Makharadze T, Gogishvili M, Melkadze T, et al. Cemiplimab plus chemotherapy versus chemotherapy alone in advanced NSCLC: 2-year follow-up from the phase 3 EMPOWER-Lung 3 Part 2 Trial. J Thorac Oncol 2023 Jun;18(6):755-68.

February 2025 Modified Other supportive care section

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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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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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