

## Regimen Monograph

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## A - Regimen Name

# CRBPPACL+DURV Regimen

Paclitaxel-Carboplatin-Durvalumab

**Disease Site**      Gynecologic  
Endometrial

**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**      First-line treatment for patients with primary advanced or recurrent mismatch repair deficient (dMMR) endometrial cancer

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**B - Drug Regimen**

<a href="#">durvalumab</a> <sup>1,2</sup>	1120 mg	IV	Day 1
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(This drug is not publicly funded. Universal compassionate access program is available. )

<a href="#">PACLitaxel</a>	175 mg /m <sup>2</sup>	IV	Day 1
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<a href="#">CARBOplatin</a> <sup>3</sup>	AUC 5-6	IV	Day 1
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<sup>1</sup>For patients with body weight ≤ 30 kg, give durvalumab 15 mg/kg, until weight increases to > 30kg.

<sup>2</sup>Give durvalumab prior to chemotherapy when both are given on the same day.

<sup>3</sup>Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in "Other Notes" section.

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**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

For up to 6 cycles, unless disease progression or unacceptable toxicity occurs; refer to DURV(MNT) for durvalumab maintenance

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC ≥ 5) (Day 1)

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

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<sup>†</sup>
- 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.

<sup>†</sup>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.

Durvalumab:

- Consider pre-medication in patients with prior infusion related reactions.

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**J - Administrative Information**

Approximate Patient Visit	6-7 hours
Pharmacy Workload (average time per visit)	39.633 minutes
Nursing Workload (average time per visit)	69.833 minutes

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## K - References

CADTH reimbursement recommendation: Durvalumab (endometrial cancer). May 2025.

Carboplatin drug monograph, Ontario Health (Cancer Care Ontario).

Durvalumab drug monograph, Ontario Health (Cancer Care Ontario).

Paclitaxel drug monograph, Ontario Health (Cancer Care Ontario).

Westin SN, Moore K, Chon HS, et al. Durvalumab plus carboplatin/paclitaxel followed by maintenance durvalumab with or without olaparib as first-line treatment for advanced endometrial cancer: the phase III DUO-E trial. J Clin Oncol 2024 Jan 20;42(3):283-299. doi: 10.1200/JCO.23.02132.

**June 2025** new ST-QBP regimen

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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)

(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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