Regimen Monograph

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

A - Regimen Name

CRBPPACL+NIVL Regimen

CARBOplatin-PACLitaxel-Nivolumab

Disease Site

Lung
Non-Small Cell

Intent

Neoadjuvant

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

Neoadjuvant treatment for resectable non-small cell lung cancer in patients with tumours that are ≥ 4 cm in size or are node positive (stage IB to IIIB), and who have good performance status*

*Refer to NDFP form for eligibility criteria

Supplementary Public Funding	**nivolumab** New Drug Funding Program (Nivolumab - Neoadjuvant Treatment for Non-Small Cell Lung Cancer)

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B - Drug Regimen

nivolumab[1]	4.5 mg /kg	IV (max 360 mg)	Day 1
PACLitaxel	175-200 mg /m²	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1

[1]Dosing based on NDFP funding criteria

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a total of 3 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

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

Nivolumab

Pre-medications (prophylaxis for infusion reaction):

- Routine pre-medication is not recommended.
- May consider pre-medication with antipyretics and H1-receptor antagonists if an IR has occurred in the past.

PACLitaxel

Pre-medications* **(prophylaxis for infusion reaction):**

- 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.

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

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	5 hours
Pharmacy Workload (average time per visit)	38.483 minutes
Nursing Workload (average time per visit)	49.167 minutes

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K - References

Forde PM, Spicer J, Lu S, et al. Neoadjuvant nivolumab plus chemotherapy in resectable lung cancer. N Engl J Med 2022 Apr 11. doi: 10.1056/NEJMoa2202170.

September 2023 Added NDFP funding information (nivolumab)

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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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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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