Regimen Monograph

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

A - Regimen Name

CRBPPACL+RAMU Regimen

Paclitaxel-Carbpolatin-Ramucirumab

Disease Site

Lung
Thymic Carcinoma

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 of advanced or metastatic thymic carcinoma

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B - Drug Regimen

ramucirumab	10 mg /kg	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

PACLitaxel	200 mg /m²	IV	Day 1
CARBOplatin*	AUC 5	IV	Day 1

*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

Up to a maximum of 6 cycles, unless disease progression or unacceptable toxicity

After completion of CRBPPACL+RAMU, continue with maintenance ramucirumab (regimen code: RAMU(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):

- Diphenhydramine 25-50mg IV/PO (or equivalent)*
- Dexamethasone 20 mg PO 12-and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion^†
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion^

* MUST give diphenhydramine prior to each ramucirumab dose. Also give acetaminophen and/or dexamethasone IV with prior grade 1 or 2 IR to ramucirumab.

^ Consider discontinuing ranitidine and/or dexamethasone if there was no IR in the first 2 paclitaxel 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.

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J - Administrative Information

Approximate Patient Visit	7 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

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

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

Proto C, Ganzinelli M, Manglaviti S, et al. Efficacy and safety of ramucirumab plus carboplatin and paclitaxel in untreated metastatic thymic carcinoma: RELEVENT phase II trial (NCT03921671). Ann Oncol. 2024 Sep;35(9):817-26.

Ramucirumab drug monograph. Ontario Health (Cancer Care Ontario).

May 2026 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 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

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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