

Regimen Monograph

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A - Regimen Name

CRBPPACL(RT) Regimen

CARBOplatin-PACLitaxel

Disease Site Lung - Non-Small Cell

Intent Neoadjuvant
Adjuvant

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.

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B - Drug Regimen

PACLitaxel	40-50 mg /m ²	IV	Day 1
CARBOplatin	AUC 2	IV	Day 1

Refer to Calvert formula under "Other Notes" section.

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C - Cycle Frequency

REPEAT WEEKLY

concurrent with radiotherapy

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	30.383 minutes
Nursing Workload (average time per visit)	44.833 minutes

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K - References

Bradley JD, Paulus R, Komaki R, et al. Standard-dose versus high-dose conformal radiotherapy with concurrent and consolidation carboplatin plus paclitaxel with or without cetuximab for patients with stage IIIA or IIIB non-small-cell lung cancer (RTOG 0617): a randomised, two-by-two factorial phase 3 study. *Lancet Oncol* 2015;16(2):187-99.

Carter DL, Garfield D, Hathorn J, et al. A randomized phase III trial of combined paclitaxel, carboplatin, and radiation therapy followed by weekly paclitaxel or observation for patients with

locally advanced inoperable non-small-cell lung cancer. Clin Lung Cancer. 2012 May;13(3):205-13.

Liang J, Bi N, Wu S, et al. Etoposide and cisplatin versus paclitaxel and carboplatin with concurrent thoracic radiotherapy in unresectable stage III non-small cell lung cancer: a multicenter randomized phase III trial. Ann Oncol 2017;28(4):777-83.

NCCN Clinical Practice Guidelines in Oncology. Non-small cell lung cancer, v.1.2018.

Yamamoto N, Nakagawa K, Nishimura Y, et al. Phase III study comparing second- and third-generation regimens with concurrent thoracic radiotherapy in patients with unresectable stage III non-small-cell lung cancer: West Japan Thoracic Oncology Group WJTOG0105. J Clin Oncol. 2010 Aug 10;28(23):3739-45.

PEBC Advice Documents or Guidelines

- [Treatment of Patients with Stage III \(N2 or N3\) Non-Small Cell Lung Cancer](#)

June 2019 Updated emetic risk category; added PEBC guideline link

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L - Other Notes

Calvert Formula

$$\text{DOSE (mg)} = \text{target AUC} \times (\text{GFR} + 25)$$

- 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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