

## Regimen Monograph

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## A - Regimen Name

# CRBPPACL+TRAS Regimen

CARBOplatin-PACLitaxel-Trastuzumab

**Disease Site** Gynecologic  
Endometrial

**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** Primary or subsequent-line of treatment for advanced (stage III-IV) or recurrent (any previous stage) HER2-positive serous endometrial cancer

**Supplementary Public Funding** [trastuzumab](#)  
New Drug Funding Program (Trastuzumab (Biosimilar) - Advanced or Recurrent Endometrial Cancer) ([NDFP Website](#))

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<a href="#">trastuzumab</a>	8 mg /kg	IV loading dose	Day 1
<a href="#">PACLitaxel</a>	175 mg /m <sup>2</sup>	IV	Day 1
<a href="#">CARBOplatin</a>	AUC 5	IV	Day 1

**Cycle 2 and onwards:**

<a href="#">trastuzumab</a>	6 mg /kg	IV maintenance dose	Day 1
<a href="#">PACLitaxel</a>	175 mg /m <sup>2</sup>	IV	Day 1
<a href="#">CARBOplatin</a>	AUC 5	IV	Day 1

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For a usual total of 6 cycles followed by trastuzumab ([TRAS](#)) monotherapy as maintenance, unless disease progression or unacceptable toxicity occurs

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**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC  $\geq$  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<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.

#### Trastuzumab:

- Routine pre-medication is not recommended. Refer to the "[Management of Infusion-Related Reactions](#)" table on pre-medications at re-challenge.

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## J - Administrative Information

Approximate Patient Visit	5 to 6 hours
Pharmacy Workload (average time per visit)	34.472 minutes
Nursing Workload (average time per visit)	54.167 minutes

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## K - References

Fader AN, Roque DM, Siegel E, et al. Randomized phase II trial of carboplatin-paclitaxel compared with carboplatin-paclitaxel-trastuzumab in advanced (stage III-IV) or recurrent uterine serous carcinomas that overexpress Her2/Neu (NCT01367002): updated overall survival analysis. Clin Cancer Res 2020 Aug 1;26(15):3928-3935. doi: 10.1158/1078-0432.CCR-20-0953.

Trastuzumab combination and monotherapy for HER2 advanced or recurrent uterine or endometrial cancer: a review of clinical effectiveness and cost-effectiveness. Ottawa: CADTH; 2020 November.

**April 2023** Modified Rationale/uses section, added trastuzumab NDFP form

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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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