

Regimen Monograph

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A - Regimen Name

CRBPPACL(W) Regimen

CARBOplatin-PACLitaxel

Disease Site	Gynecologic Cervix
Intent	Adjuvant Curative
Regimen Category	<p>Evidence-informed :</p> <p>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.</p> <p>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.</p>
Rationale and Uses	Induction chemotherapy for newly diagnosed locally advanced cervical cancer

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B - Drug Regimen

PACLitaxel	80 mg /m ²	IV	Weekly
CARBOplatin	AUC 2*	IV	Weekly

*Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in Other Notes section.

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C - Cycle Frequency**REPEAT WEEKLY**

For 6 weeks, followed by chemoradiotherapy

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (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):

Paclitaxel*:

To be given 30-60 minutes prior to infusion:

- Dexamethasone 10 mg IV, starting in cycle 1
- Diphenhydramine 25-50 mg IV/PO
- Ranitidine 50 mg IV OR Famotidine 20 mg IV

* Consider **discontinuing** pre-medications for paclitaxel if there was no IR with the first 2 doses.

Carboplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduce infusion reaction (IR) rates.
- Corticosteroids and H1-receptor antagonists \pm 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.

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Approximate Patient Visit	2-2.5 hours
Pharmacy Workload (average time per visit)	22.569 minutes
Nursing Workload (average time per visit)	43.167 minutes

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

McCormack M, Eminowicz G, Gallardo D, et al. Induction chemotherapy followed by standard chemoradiotherapy versus standard chemoradiotherapy alone in patients with locally advanced cervical cancer (GCIG INTERLACE): an international, multicentre, randomised phase 3 trial. Lancet 2024 Oct 19;404(10462):1525-35.

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

May 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 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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