

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

CRBPPACL Regimen

PACLitaxel-CARBOplatin

Disease Site Head and Neck

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.

[back to top](#)

B - Drug Regimen

PACLitaxel	175 to 200 mg /m ²	IV	Day 1
CARBOplatin	AUC 5 to 6*	IV	Day 1

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

[back to top](#)

C - Cycle Frequency

REPEAT EVERY 21 DAYS

Up to 4 to 6 cycles unless disease progression or unacceptable toxicity occurs

[back to top](#)

D - Premedication and Supportive Measures

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

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

Pre-medications (prophylaxis for infusion reaction):

Paclitaxel*

- 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.

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.

[back to top](#)

J - Administrative Information

Approximate Patient Visit	5-6 hours
Pharmacy Workload (average time per visit)	30.383 minutes
Nursing Workload (average time per visit)	59.833 minutes

[back to top](#)

K - References

Carboplatin and paclitaxel drug monographs, Cancer Care Ontario.

Clark JI, Hofmeister C, Choudhury A, et al. Phase II evaluation of paclitaxel in combination with carboplatin in advanced head and neck carcinoma. *Cancer*. 2001;92(9):2334-40.

Fountzilas G, Skarlos D, Athanassiades A, et al. Paclitaxel by three-hour infusion and carboplatin in advanced carcinoma of nasopharynx and other sites of the head and neck. A phase II study conducted by the Hellenic Cooperative Oncology Group. *Ann Oncol*. 1997 May;8(5):451-5.

Pivot X, Cals L, Cupissol D, et al. Phase II trial of a paclitaxel-carboplatin combination in recurrent squamous cell carcinoma of the head and neck. *Oncology*. 2001;60(1):66-71.

PEBC Advice Documents or Guidelines

- [The Management of Head and Neck Cancer in Ontario](#)

August 2020 Updated infusion reaction information in Premedication and Supportive Measures section

[back to top](#)

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)

[back to top](#)

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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[back to top](#)