

## Regimen Monograph

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## A - Regimen Name

# CRBPPACL Regimen

PACLitaxel-CARBOplatin

**Disease Site** Lung - Thymoma

**Intent** Adjuvant  
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.

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**B - Drug Regimen**

<a href="#">PACLitaxel</a>	175-200 mg /m <sup>2</sup>	IV	Day 1
<a href="#">CARBOplatin</a>	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**

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

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**D - Premedication and Supportive Measures**

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

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## 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

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## K - References

Furugen M, Sekine I, Tsuta K, et al. Combination chemotherapy with carboplatin and paclitaxel for advanced thymic cancer. *Jpn J Clin Oncol* 2011;41(8):1013-6.

Hirai F, Yamanaka T2, Taguchi K, et al. A multicenter phase II study of carboplatin and paclitaxel for advanced thymic carcinoma: WJOG4207L. *Ann Oncol* 2015;26(2):363-8.

Igawa S, Murakami H, Takahashi T, et al. Efficacy of chemotherapy with carboplatin and paclitaxel for unresectable thymic carcinoma. *Lung Cancer*. 2010 Feb;67(2):194-7.

Lemma GL, Lee JW, Aisner SC, et al. Phase II study of carboplatin and paclitaxel in advanced thymoma and thymic carcinoma. *J Clin Oncol* 2011;29(15):2060-5.

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

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## L - Other Notes

### Calvert Formula

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**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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*Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom*

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