

Regimen Monograph

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A - Regimen Name

CRBPPEME+NIVL Regimen

CARBOplatin-Pemetrexed-Nivolumab

Disease Site Lung
Non-Small Cell

Intent Neoadjuvant

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 Neoadjuvant treatment for resectable non-squamous non-small cell lung cancer in patients with tumours that are ≥ 4 cm in size or are node positive (stage IB to IIIB), and who have good performance status*

*Refer to NDFP form for eligibility criteria

Supplementary Public Funding [nivolumab](#)
New Drug Funding Program (Nivolumab - Neoadjuvant Treatment for Non-Small Cell Lung Cancer)

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B - Drug Regimen

nivolumab ¹	4.5 mg /kg	IV (max 360 mg)	Day 1
pemetrexed	500 mg /m ²	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1

¹Dosing based on NDFP funding criteria

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a total of 3 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (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):

Nivolumab:

- Routine pre-medication is not recommended.

- May consider pre-medication with antipyretics and H1-receptor antagonists if an IR has occurred in the past.

Other Supportive Care:**Pemetrexed:**

- Vitamin B12 1000mcg IM every 9 weeks, Folic acid 0.4 - 1 mg PO daily (both starting \geq 1 week prior to pemetrexed administration; continue throughout and 3 weeks after last dose of Pemetrexed).
- Dexamethasone 4mg PO BID for 3 days starting day before chemotherapy suggested for rash prophylaxis.
- Note: NSAIDs should be held for 2-5 days prior and 2 days after pemetrexed (refer to pemetrexed monograph)

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J - Administrative Information

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	41.169 minutes
Nursing Workload (average time per visit)	49.167 minutes

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K - References

Forde PM, Spicer J, Lu S, et al. Neoadjuvant nivolumab plus chemotherapy in resectable lung cancer. N Engl J Med 2022 Apr 11. doi: 10.1056/NEJMoa2202170.

September 2023 Added NDFP funding information (nivolumab)

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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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