Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CRBPPEME+OSIM Regimen

Carboplatin-Pemetrexed-Osimertinib

Disease Site

Lung
Non-Small Cell

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

Treatment for patients with locally advanced or metastatic non-squamous, EGFR-mutated NSCLC non-small cell lung cancer (NSCLC), who had not previously received treatment for advanced disease

back to top

B - Drug Regimen

pemetrexed	500 mg /m²	IV	Day 1
CARBOplatin	AUC 5	IV	Day 1
osimertinib	80 mg	PO	Daily

(This drug is not currently publicly funded for this regimen and intent)

back to top

C - Cycle Frequency

CRBPPEME: Repeat every 21 days for a total of 4 cycles, unless disease progression or toxicity

Osimertinib: Continue until disease progression or toxicity

After completion of CRBPPEME, continue with maintenance pemetrexed and osimertinib, unless disease progression or unacceptable toxicity (regimen code: PEME+OSIM(MNT)).

In the clinical trial, patients who discontinued platinum/pemetrexed or pemetrexed can continue to receive single agent osimertinib if considered appropriate. If osimertinib is discontinued, chemotherapy alone may be continued if appropriate.

back to top

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.

Other Supportive Care:

Pemetrexed:

- Vitamin B12 1000mcg IM every 9 weeks, Folic acid 0.4 - 1 mg PO daily (both starting ≥ 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)

Osimertinib:

- Regular application of moisturizers to skin and nails, practice of good hand hygiene, and keeping hands dry help prevent and control skin and nail adverse effects.

back to top

J - Administrative Information

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	33.069 minutes
Nursing Workload (average time per visit)	49.167 minutes

back to top

K - References

Planchard D, Jänne PA, Cheng Y, et al. Osimertinib with or without chemotherapy in *EGFR*-mutated advanced NSCLC. N Engl J Med 2023 Nov 23;389(21):1935-48.

October 2024 new ST-QBP regimen

back to top

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 management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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back to top