

Regimen Monograph

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A - Regimen Name

CRBPPEME+PEMB Regimen

CARBOplatin-Pemetrexed-Pembrolizumab

Disease Site Lung
Mesothelioma (Pleural)

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 of advanced pleural mesothelioma

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B - Drug Regimen

pembrolizumab *	200 mg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
pemetrexed *	500 mg /m ²	IV	Day 1
CARBOplatin *	AUC 5 to 6	IV	Day 1

*Give pembrolizumab before chemotherapy.

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C - Cycle Frequency**REPEAT EVERY 21 DAYS**

For 6 cycles, unless disease progression or unacceptable toxicity

Refer to PEMB(MNT) for the maintenance phase of treatment.

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D - Premedication and Supportive Measures

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

Other Supportive Care:

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.

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.

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- Note: NSAIDs should be held for 2-5 days prior and 2 days after pemetrexed (refer to pemetrexed monograph)

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.

Pembrolizumab:

- Routine pre-medication is not recommended.
- May consider antipyretic and H1-receptor antagonist in patients who experienced a grade 1-2 infusion reaction.

Other:

- Avoid the use of corticosteroids or immunosuppressants before starting pembrolizumab treatment. Corticosteroids may be used as premedication (e.g. antiemetic) when given with chemotherapy.

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J - Administrative Information

Approximate Patient Visit	2-3 hours
Pharmacy Workload (average time per visit)	42.319 minutes
Nursing Workload (average time per visit)	51.667 minutes

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K - References

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

Chu Q, Perrone F, Greillier L, et al. Pembrolizumab plus chemotherapy versus chemotherapy in untreated advanced pleural mesothelioma in Canada, Italy, and France: a phase 3, open-label, randomised controlled trial. *Lancet* 2023;402(10419):2295-306. doi: 10.1016/S0140-6736(23)01613-6.

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

Pemetrexed 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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