

Regimen Monograph

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

A - Regimen Name

CRBPPEME(RT) Regimen

CARBOplatin-Pemetrexed

Disease Site Lung - Non-Small Cell

Intent Curative
Adjuvant

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 For the treatment of non-squamous NSCLC

[back to top](#)

B - Drug Regimen**Concurrent with radiotherapy:**

pemetrexed	500 mg /m ²	IV	Day 1
CARBOplatin	AUC 5	IV	Day 1

[back to top](#)

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

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

Note: In clinical trials, patients were treated with 4 additional cycles of pemetrexed as a single agent. Use the regimen code PEME for these cycles.

[back to top](#)

D - Premedication and Supportive Measures

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

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)

Cisplatin:

- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

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

[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

Choy H, Schwartzberg LS, Dakhil SR, et al. Phase 2 study of pemetrexed plus carboplatin, or pemetrexed plus cisplatin with concurrent radiation therapy followed by pemetrexed consolidation in patients with favourable-prognosis inoperable stage IIIA/B non-small-cell lung cancer. *J Thorac Oncol.*2018;8:1308-1316.

Govindan R, Bogart J, Stinchcombe T, et al. Randomized phase II study of pemetrexed, carboplatin, and thoracic radiation with or without cetuximab in patients with locally advanced unresectable non-small-cell lung cancer: cancer and leukemia group B trial 30407. *J Clin Oncol.* 2011;29:3120-3125.

Senan S, Brade A, Wang L, et al. PROCLAIM: Randomized Phase III Trial of Pemetrexed-Cisplatin or Etoposide-Cisplatin Plus Thoracic Radiation Therapy Followed by Consolidation Chemotherapy in Locally Advanced Nonsquamous Non–Small-Cell Lung Cancer. *J Clin Oncol.* 2016;34:953-962.

PEBC Advice Documents or Guidelines

- [Treatment of Patients with Stage III \(N2 or N3\) Non-Small Cell Lung Cancer](#)

May 2019 Updated emetic risk category

[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](#)