

## Regimen Monograph

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## A - Regimen Name

# CRBPRALT Regimen

CARBOplatin-Raltitrexed

**Disease Site** Lung - Mesothelioma

**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.

**Supplementary Public Funding** [raltitrexed](#)  
New Drug Funding Program (Raltitrexed - Advanced Malignant Pleural Mesothelioma (MPM)) ([NDFP Website](#))

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**B - Drug Regimen**

<a href="#">raltitrexed</a>	3 mg /m <sup>2</sup>	IV	Day 1
<a href="#">CARBOplatin</a>	AUC 5	IV	Day 1

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

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative carboplatin toxicity

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**D - Premedication and Supportive Measures**

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

**Other Supportive Care:**

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

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**J - Administrative Information**

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	30.320 minutes
Nursing Workload (average time per visit)	49.167 minutes

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**K - References**

Van Meerbeeck J Gaafar R., Manegold C, et al. Randomized Phase III study of cisplatin with or without Raltitrexed in patients with MPM: An Intergroup study of the European Organization for Research and Treatment of Cancer Lung Cancer Group and the National Cancer Institute of

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Canada. J Clin Oncol 2005;23:6881-9.

### **PEBC Advice Documents or Guidelines**

- [Endorsement of the 2018 ASCO Treatment of Malignant Pleural Mesothelioma Guideline](#)

**May 2019** Updated emetic risk category; added PEBC guideline link

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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 management information (for patients), are intended for patients. Patients should always consult with their healthcare*

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*provider if they have questions regarding any information set out in the Formulary documents.*

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