

Regimen Monograph

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

A - Regimen Name

CRBP(RT-D) Regimen

Carboplatin

Disease Site Lung - Non-Small Cell

Intent 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.

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B - Drug Regimen

CARBOplatin	AUC 0.4	IV	Days 1-5, 8-12, 15-19, 22-26
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C - Cycle Frequency

FOR 4 WEEKS concurrent with radiotherapy

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J - Administrative Information

Approximate Patient Visit	0.5 to 1 hour
Pharmacy Workload (average time per visit)	7.86 minutes
Nursing Workload (average time per visit)	44.167 minutes

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K - References

Atagi S, Kawahara M, Yokoyama A, et al.; Japan Clinical Oncology Group Lung Cancer Study Group. Thoracic radiotherapy with or without daily low-dose carboplatin in elderly patients with non-small-cell lung cancer: a randomised, controlled, phase 3 trial by the Japan Clinical Oncology Group (JCOG0301). *Lancet Oncol.* 2012 Jul;13(7):671-8.

Fujii T, Kunikane H, Okamoto H, et al. A phase II study of cisplatin and irinotecan as induction chemotherapy followed by accelerated hyperfractionated thoracic radiotherapy with daily low-dose carboplatin in unresectable stage III non-small cell lung cancer: JCOG 9510. *Jpn J Clin Oncol.* 2009 Dec;39(12):784-90.

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M - Disclaimer

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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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended

that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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