Regimen Monograph

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

A - Regimen Name

CRBP(RT)+PEMB Regimen

Carboplatin (weekly) with radiotherapy-Pembrolizumab

PEMB Regimen

Pembrolizumab

Disease Site

Gynecologic
Cervix

Intent

Adjuvant
Curative

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

Treatment of newly diagnosed, high-risk, locally advanced cervical cancer

Uses

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B - Drug Regimen

Concurrent with radiotherapy:

pembrolizumab†	200 mg	IV	Day 1 and 22

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

CARBOplatin	AUC 1.5 to 2	IV	Days 1, 8, 15, 22, 29*

* Day 36 carboplatin dose is optional.

Then, continue with single agent pembrolizumab (PEMB) q3 weeks:

pembrolizumab	200 mg	IV	Day 43, 64, and 85 (q3 weeks for 3 doses)

Followed by single agent pembrolizumab (PEMB) q6 weeks x 15 doses (start 3 weeks after last pembrolizumab dose):

pembrolizumab	400 mg	IV	Every 6 weeks for 15 doses

† Give pembrolizumab before chemotherapy when given on the same day.

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C - Cycle Frequency

Carboplatin: Repeat weekly for 5 to 6 doses concurrently with radiotherapy

Pembrolizumab: Repeat 200 mg every 21 days for 5 cycles, followed by 400 mg every 6 weeks for 15 cycles

Unless disease progresssion or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (Carboplatin AUC < 5) (Carboplatin with or without pembrolizumab)
Minimal (Pembrolizumab only)

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.

Pembrolizumab:

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

Carboplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduce infusion reaction (IR) rates.
- Corticosteroids and H1-receptor antagonists ± 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.

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	
CRBP(RT)+PEMB	1-2 hours
PEMB	0.75 hour

Pharmacy Workload **(average time per visit)**
PEMB 19.75 minutes

Nursing Workload **(average time per visit)**
PEMB 40.75 minutes

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K - References

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

Lorusso D, Xiang Y, Hasegawa K, et al. Pembrolizumab or placebo with chemoradiotherapy followed by pembrolizumab or placebo for newly diagnosed, high-risk, locally advanced cervical cancer (ENGOT-cx11/GOG-3047/KEYNOTE-A18): overall survival results from a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet 2024;404(10460):1321-332. doi: 10.1016/S0140-6736(24)01808-7.

Lorusso D, Xiang Y, Hasegawa K, et tal. Pembrolizumab or placebo with chemoradiotherapy followed by pembrolizumab or placebo for newly diagnosed, high-risk, locally advanced cervical cancer (ENGOT-cx11/GOG-3047/KEYNOTE-A18): a randomised, double-blind, phase 3 clinical trial. Lancet 2024;403(10434):1341-350. doi: 10.1016/S0140-6736(24)00317-9.

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

PEBC Advice Documents or Guidelines

- Primary Treatment for Locally Advanced Cervical Cancer: Concurrent Platinum-based Chemotherapy and Radiation

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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