Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CRBPVNCR Regimen

CARBOplatin-VinCRIStine

Disease Site	Central Nervous System
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.
Rationale and Uses	For the treatment of recurrent malignant glioma and progressive low grade glioma.

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B - Drug Regimen

CARBOplatin	AUC 5 or 6	IV	Day 1

Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in "Other Notes" section.

vinCRIStine (maximum dose of 2mg)	1.5 mg /m²	IV	Days 1, 8 and 15

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until evidence of disease progression or limited by drug toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5) (D1)
Minimal (D8, 15)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematologic Toxicities: Refer to general recommendations.

Dosage for neuropathy:

Symptom	Vincristine (% usual dose)
Areflexia only	100%
Abnormal buttoning, writing	67%
Moderate motor neuropathy (± cranial)	Hold until recovery then reduce dose by 50%
Severe motor neuropathy	Omit

Hepatic Impairment

Bilirubin	Vincristine (% usual dose)
> 1 – 2.5 x ULN	50%
> 2.5 x ULN	25%

Renal Impairment

Creatinine Clearance (ml/sec)	Carboplatin (% previous dose)
0.4-0.6	**REDUCE** Carboplatin dose by **50mg/m^2**
0.2-0.4	**REDUCE** Carboplatin dose by **100mg/m^2**
< 0.2	**OMIT** Carboplatin

Carboplatin: See "Other Notes" section for Calvert Formula

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F - Adverse Effects

Refer to CARBOplatin, vinCRIStine drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Myelosuppression +/- infection, bleeding • Nausea, vomiting • ↑ LFTs • Nephrotoxicity • Neurotoxicity (including ototoxicity; may be severe) • Abnormal electrolytes • Alopecia • Constipation	• Hypersensitivity • Arterial thromboembolism • Venous thromboembolism • GI perforation • Hemolytic uremic syndrome • Tumour lysis syndrome • Seizures

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G - Interactions

Refer to CARBOplatin, vinCRIStine drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to CARBOplatin, vinCRIStine drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Recommended Clinical Monitoring

- CBC; baseline and before each cycle
- Liver function tests; baseline and regular
- Renal function tests, including electrolytes; baseline and regular
- Clinical toxicity assessment for neurotoxicity, hypersensitivity, bleeding, infection,

nausea and vomiting; regular

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

Suggested Clinical Monitoring

INR; baseline and as clinically indicated

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J - Administrative Information

Approximate Patient Visit	Day 1: 1 to 1.5 hours Days 8, 15: 0.5 hour
Pharmacy Workload (average time per visit)	11.563 minutes
Nursing Workload (average time per visit)	54.167 minutes

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K - References

Carboplatin and vincristine drug monographs, Cancer Care Ontario.

Packer RJ, Ater J, Allen J et al. Carboplatin and vincristine chemotherapy for children with newly diagnosed progressive low-grade gliomas. J Neurosurg. 1997 May; 86(5): 747-54.

July 2019 Updated hyperlink to vincristine drug monograph

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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

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.

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.

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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