

## Regimen Monograph

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## A - Regimen Name

# DCRBEPIRFU Regimen

**Dacarbazine-Epirubicin-Fluorouracil**

**Disease Site**      Gastrointestinal  
                                Neuroendocrine (GI)  
Lung  
                                Neuroendocrine (Lung)

**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.

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**B - Drug Regimen**

<a href="#">dacarbazine</a>	200 mg /m <sup>2</sup>	IV	Days 1 to 3
<a href="#">EPIrubicin</a>	30 mg /m <sup>2</sup>	IV	Days 1 to 3
<a href="#">fluorouracil</a>	500 mg /m <sup>2</sup>	IV	Days 1 to 3

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

Until disease progression, unacceptable toxicity or limited by cardiotoxicity risk

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**J - Administrative Information**

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	24.83 minutes
Nursing Workload (average time per visit)	51.67 minutes

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**K - References**

Bajetta E, Rimassa L, Carnaghi C, et al. 5-Fluorouracil, dacarbazine, and epirubicin in the treatment of patients with neuroendocrine tumors. *Cancer* 1998;83(2):372-8.

**April 2023** Updated DPD deficiency information in the Other Notes section

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## L - Other Notes

Patients should be tested for DPD deficiency before starting treatment with fluorouracil. Refer to the [DPD Deficiency Guidance for Clinicians](#) for more information.

In patients with unrecognized DPD deficiency, acute, life-threatening toxicity may occur; if acute grade 2-4 toxicity develops, treatment should be stopped immediately and permanent discontinuation considered based on clinical assessment of the toxicities.

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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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