

Regimen Monograph

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A - Regimen Name

DOXOTRBC Regimen

Doxorubicin-Trabectedin

Disease Site Sarcoma
Soft Tissue

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.

Rationale and Uses First-line treatment in patients with locally advanced or metastatic leiomyosarcoma

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B - Drug Regimen

DOXOrubicin	60 mg /m ²	IV	Day 1
trabectedin	1.1 mg /m ²	IV over 3 hours	Day 1

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

Pegfilgrastim was given on day 2 in the clinical trial as primary prophylaxis for febrile neutropenia.

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

For up to 6 cycles, followed by trabectedin maintenance: TRBC(MNT).

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

(Patients must receive corticosteroid premedication 30 minutes before each trabectedin dose (i.e. dexamethasone 20mg IV), as an antiemetic and to protect the liver.)

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.

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J - Administrative Information

Approximate Patient Visit	4 hours
Pharmacy Workload (average time per visit)	16.415 minutes
Nursing Workload (average time per visit)	51.667 minutes

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K - References

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

Pautier P, Italiano A, Piperno-Neumann S, et al. Doxorubicin-trabectedin with trabectedin maintenance in leiomyosarcoma. N Engl J Med. 2024 Sep 5;391(9):789-99. doi: 10.1056/NEJMoa2403394.

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

May 2025 new ST-QBP regimen

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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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