

Regimen Monograph

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A - Regimen Name

NPAC(W)+PEMB Regimen

Nab-PACLitaxel (weekly)-Pembrolizumab

Disease Site Breast

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 For previously untreated metastatic triple-negative breast cancer

Supplementary Public Funding [nab-PACLitaxel](#)
New Drug Funding Program (Nab-Paclitaxel - Metastatic Breast Cancer) ([NDFP Website](#))

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B - Drug Regimen

Do not substitute for or with other paclitaxel formulations.

[pembrolizumab](#)¹ 200 mg IV Day 1; Every 3 weeks

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

[nab-PACLitaxel](#) 100 mg /m² IV Days 1, 8, 15; Every 4 weeks

¹ Give pembrolizumab before chemotherapy when given on the same day.

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C - Cycle Frequency

Pembrolizumab: Repeat every **21** days

Nab-paclitaxel: Repeat every **28** days (3 weeks on, 1 week off)

Until disease progression or unacceptable toxicity (up to a maximum of 35 cycles (2 years) of pembrolizumab)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Other Supportive Care:

Also refer to [CCO Antiemetic Summary](#)

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J - Administrative Information

Approximate Patient Visit	1.5 hours
Pharmacy Workload (average time per visit)	32.929 minutes
Nursing Workload (average time per visit)	35 minutes

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K - References

Cortes J, Cescon DW, Rugo HS, et al. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer (KEYNOTE-355): a randomised, placebo-controlled, double-blind, phase 3 clinical trial. *Lancet*. 2020 Dec 5;396(10265):1817-28. doi: 10.1016/S0140-6736(20)32531-9.

March 2022 Updated funding information to indicate that nab-paclitaxel is NDFP funded for patients who meet the eligibility criteria.

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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.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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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.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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