

## Regimen Monograph

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## A - Regimen Name

## PACL(W)+BEVA Regimen

PACLitaxel (weekly)-Bevacizumab

**Disease Site** Gynecologic - Ovary

**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** Treatment of platinum-resistant, recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer in patients who have received no more than two prior anticancer regimens, have good performance status, no contraindications to bevacizumab and whose disease is not primary platinum refractory.

See NDFP enrolment form for detailed eligibility criteria. Note that patients who received NDFP funding for front-line bevacizumab are not eligible for bevacizumab funding in the platinum-resistant, recurrent setting.

**Supplementary Public Funding** [bevacizumab](#)  
 New Drug Funding Program (Bevacizumab (Biosimilar) for Platinum-Resistant Recurrent Ovarian, Fallopian Tube, or Primary Peritoneal Cancer) ([NDFP Website](#) )

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**B - Drug Regimen**

<a href="#">PACLitaxel</a>	80 mg /m <sup>2</sup>	IV	Days 1, 8, 15 and 22
<a href="#">bevacizumab</a>	10 mg /kg	IV	Days 1 and 15

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**C - Cycle Frequency**

**REPEAT EVERY 28 DAYS**

Until disease progression or unacceptable toxicity.

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Low

**Other Supportive Care:**

Also refer to [CCO Antiemetic Recommendations](#).

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**J - Administrative Information**

Approximate Patient Visit	Paclitaxel only: 2 hours; Paclitaxel with Bevacizumab: 2.5 to 3.5 hours
Pharmacy Workload (average time per visit)	21.92 minutes

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Nursing Workload (average time per visit) 44.83 minutes

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## K - References

Pujade-Lauraine E, Hilpert F, Weber B, et al. Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial. *J Clin Oncol* 2014;32(13):1302-8.

## PEBC Advice Documents or Guidelines

- [Systemic Therapy for Recurrent Epithelial Ovarian Cancer](#)

**April 2020** Updated rationale and uses section

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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*

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*The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly 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.*

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