Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

TRBC(MNT) Regimen

Trabectedin (Maintenance)

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

Maintenance treatment patients with advanced leiomyosarcoma, after DOXO+TRBC therapy

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B - Drug Regimen

As maintenance:

trabectedin	1.1 mg /m²	IV over 3 hours	Day 1

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

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For up to 17 cycles (maximum of 12 months), unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

(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.
- Supportive care/colony stimulating factors for myelosuppression should be considered per institutional guidelines.

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J - Administrative Information

Approximate Patient Visit	3.5 hours

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K - References

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.

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

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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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