Cancer Care Ontario

Updates from November 22, 2017
Please note that the following are regimen updates applicable to ST-QBP webpage documents and/or Drug Formulary's regimen monographs, as indicated by checkmarks.

ST-QBP: Systemic Treatment – Quality-Based Program (formerly STFM)
DF: Drug Formulary

LUNG

Updated Section	Change Description	ST-QBP	DF
	Neuroendocrine Tumour – Palliative		
EVER Funding Status	Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective November 20, 2017.	✓	Pending

The following evidence-informed regimens have been transferred from **Genitourinary** to **Endocrine** (new disease site) for the indicated sub-diseases:

Updated Section	Change Description	ST-QBP	DF
	Adrenal – Adjuvant/Curative		
MTTN	Mitotane 1 to 3 g PO daily – Not currently publicly funded for this regimen and intent	✓	✓
	Adrenal – Palliative		
CISPDOXOETOP	CISplatin 40 mg/m² IV days 3 and 4; DOXOrubicin 40 mg/m² IV day 1; Etoposide 100 mg/m² IV days 2, 3, and 4. Q28 days	✓	✓
CYCLDCRBVNCR	Cyclophosphamide 750 mg/m² IV day 1; vinCRIStine 1.4 mg/m² IV day 1; Dacarbazine 600 mg/m² IV days 1 and 2. Q21-28 days *Note: for pheochromocytoma*	✓	✓
DOXO	DOXOrubicin 50-75 mg/m² IV day 1. Q21 days	✓	✓
CAPEGEMC	Capecitabine 1,500 mg PO days 1-21 – Not currently publicly funded for this regimen and intent; Gemcitabine 800 mg/m² IV days 1, 8. Q21 days *Patients receiving this regimen are usually maintained on Mitotane*	✓	✓
CISPDOXOETOP MTTN	CISplatin 40 mg/m² IV days 3 and 4; DOXOrubicin 40 mg/m² IV day 1; Etoposide 100 mg/m² IV days 2, 3, and 4; Mitotane 1-4 g PO daily (start 1 week before chemotherapy) – Not currently publicly funded for this regimen and intent Q28 days	✓	✓
MTTN	Mitotane 2-6 g PO daily – Not currently publicly funded for this regimen and intent	✓	✓

The following evidence-informed regimens have been transferred from **Head and Neck** to **Endocrine** (new disease site) for the indicated sub-diseases:

Updated Section	Change Description	ST-QBP	DF
	Thyroid – Palliative		
DOXO	DOXOrubicin 50-60 mg/m² IV day 1. Q21 days	✓	✓
LENV	Lenvatinib 24 mg PO daily	✓	✓
PACL(W)	PACLitaxel 80 mg/m² IV days 1, 8, 15. Q28 days	✓	Pending
SORA	SORAfenib 400 mg PO BID – Not currently publicly funded for this regimen and intent	✓	✓
VAND	VanDETanib 300 mg PO daily – Not currently publicly funded for this regimen and intent	✓	✓

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Promyelocytic Leukemia – Adjuvant/Curative & Palliative		
ATRA(MNT) Schedule	Updated cycle information to align with published literature. Tretinoin standard schedule updated to 2 weeks on, 2 weeks off, and alternative schedule of 1 week on, 1 week off (on alternate weeks) added – as discussed with Ontario Cancer Lead.	✓	Pending
ATRAMERCMTRX Dose and Schedule	Updated cycle information to align with published literature. Updated tretinoin schedule to days 1-14; mercaptopurine dosage and schedule to 50-90 mg/m²/day on days 15-90; and methotrexate dosage and schedule to 5-15 mg/m²/week on days 15-90 – as discussed with Ontario Cancer Lead.	✓	Pending
	Myeloma – Palliative		
BORTDEXALENA Funding Status	Updated funding status of lenalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead.	✓	✓
BORTDEXAPOMA Funding Status	Updated funding status of pomalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead.	✓	✓
CARFDEXALENA Funding Status	Updated funding status of lenalidomide to red as it is not currently publicly funded as part of this regimen and intent - as discussed with Ontario Cancer Lead.	✓	✓

Updates from November 16, 2017

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
OLAP New Regimen	Olaparib 300 mg PO bid (tablet formulation) – not currently publicly funded for this regimen and intent.	✓	Pending

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
	Adjuvant		
CRBPFU New Regimen	CARBOplatin AUC 5 IV day 1; Fluorouracil 1000 mg/m²/day CIV days 1-4. Q28 days	✓	Pending
	Palliative		
CISPVINO New Regimen	CISplatin 80 mg/m² IV day 1; Vinorelbine 25 mg/m² IV days 1, 8. Q21 days	✓	Pending

LUNG

Updated Section	Change Description	ST-QBP	DF
	Non-Small Cell – Palliative		
PEMB(FIXED) Funding Status	Updated funding status of flat dose pembrolizumab to blue to reflect universal compassionate access program availability.	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Squamous Cell – Palliative		
CRBPFU New Regimen	CARBOplatin AUC 5 IV day 1; Fluorouracil 1000 mg/m²/d CIV days 1-4. Q21 days	✓	Pending

Updates from November 1, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Colorectal, Small Bowel & Appendix – Palliative		
CAPE+BEVA Funding status	Updated funding status of bevacizumab to black to reflect public funding availability via NDFP when used in combination with a fluoropyridime (AVEX) in the first line setting, effective October 20, 2017.	✓	✓
	Gastroesophageal – Adjuvant		
CAPECISP(RT) Dose and Schedule	Updated cycle information to align with published literature (ARTIST trial). Updated capecitabine dose options to either 5 days/week or 7 days/week when given with concurrent radiation (in cycle 3) as discussed with the GI Disease Site Drug Advisory Committee.	✓	✓

The following regimens have been listed as evidence-informed for the indicated sub-disease and are eligible for funding through the Systemic Treatment QBP:

LUNG

Updated Section	Change Description	ST-QBP	DF
	Neuroendocrine Tumour (*New sub-disease*) – Palliative		
DCRBEPIRFU	Dacarbazine 200 mg/m^2 IV days 1-3; EPIrubicin 30 mg/m^2 IV days 1-3; Fluorouracil 500 mg/m^2 IV days 1-3. Q21 days	✓	Pending
EVER	Everolimus 10 mg PO daily – not currently publicly funded for this regimen and intent	✓	Pending
FUSTRE	Fluorouracil 400 mg/m² IV days 1-5; Streptozocin 500 mg/m² IV days 1-5. Q42 days	✓	Pending
OCTR	Octreotide 50-100 mcg SC BID - TID. THEN Octreotide 10-30 mg IM day 1. Q28 days	✓	Pending
TMZL	*Patients without prior chemotherapy:* Temozolomide 200 mg/m² PO daily, days 1-5 – Not currently publicly funded for this regimen and intent Q28 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Patients with prior chemotherapy: Temozolomide 150 mg/m² PO daily, days 1-5 – Not currently publicly funded for this regimen and intent Q28 days		

The following are regimens which have been de-listed as evidence-informed for the indicated sub-disease(s) and are no longer eligible for funding through the Systemic Treatment QBP:

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Lymphocytic Leukemia & Low Grade Lymphoma – Palliative		
CYCL	*Dose and frequency may vary, two options are:* Cyclophosphamide 750 mg IV day 1. Q14-21 days Or Cyclophosphamide 500 mg IV day 1. Q7 days *Can be given with or without Prednisone*	✓	✓
	High Grade Lymphoma – Palliative		
CYCL(PO)	*Dose and frequency may vary, two options are:* Cyclophosphamide 500 mg PO weekly Or Cyclophosphamide 50 mg PO daily *Can be given with or without Prednisone*	✓	✓

Updates from October 17, 2017

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Ovarian – Palliative		
PACL(W)+BEVA Funding Status	Updated funding status of bevacizumab to black to reflect public funding availability via NDFP when used in combination with paclitaxel for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017.	✓	Pending
PGLDX+BEVA Funding Status	Updated funding status of bevacizumab and pegylated liposomal doxorubicin to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017.	✓	Pending
TOPO(W)+BEVA Funding Status	Updated funding status of bevacizumab and weekly topotecan to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017.	✓	Pending
TOPO+BEVA Funding Status	Updated funding status of bevacizumab and topotecan to black to reflect public funding availability via NDFP when used in combination for platinum-resistant recurrent ovarian, fallopian tube, or primary peritoneal cancer, effective October 5, 2017.	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
COBIVEMU New Regimen	Cobimetinib 60 mg PO days 1-21 – not currently publicly funded for this regimen and intent; VemURAFenib 960 mg PO BID (continuously) – not currently publicly funded for this regimen and intent. Q28 days	✓	✓

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Myeloma – Palliative		
PAD/VCD New Regimen	<u>Cycles 1 and 3:</u> Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11; Pegylated Liposomal DOXOrubicin 30 mg/m^2 IV day 4 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg PO days 1, 4, 8, 11. Q21 days <u>Cycles 2 and 4:</u> Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11; Cyclophosphamide 300 mg/m^2 PO days 1, 8; Dexamethasone 40 mg PO days 1, 4, 8, 11. Q21 days *Note: For use as an induction regimen pre-stem cell transplant in primary plasma cell leukemia*.	✓	Pending
	Acute Myeloid Leukemia – Adjuvant/Curative		
CYTA(HD)+MIDO New Regimen	Cytarabine 3000 mg/m^2 IV q12hours days 1, 3, 5; Midostaurin 50 mg PO bid days 8-21 – not currently publicly funded for this regimen and intent. Q28 days *Note: For use as consolidative therapy in patients with a FLT3 mutation.*	✓	Pending

BREAST

Updated Section	Change Description	ST-QBP	DF
	Adjuvant/Curative		
CAPE New Regimen	Capecitabine 1250 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent. Q21 days *Note: For use as adjuvant therapy in patients with residual disease after neoadjuvant chemotherapy. The Breast Drug Advisory Committee notes that a greater magnitude of benefit was seen in patients with triple-negative disease based on the subset analysis from the CREATE-X trial, and that consideration be given towards an upfront dose adjustment to facilitate tolerability and completion of the planned number of treatment cycles.*	✓	Pending

CENTRAL NERVOUS SYSTEM

Updated Section	Change Description	ST-QBP	DF
	Adjuvant/Curative & Palliative		
VNCR(RT-W) New Regimen	VinCRIStine 1.5 mg/m^2 (maximum: 2 mg) IV day 1; Weekly during concurrent radiotherapy (to a maximum of eight doses)	✓	Pending

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Hepatobiliary – Palliative		
REGO New Regimen	Regorafenib 160 mg PO days 1-21 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending
	All sub-diseases – Palliative		
ZOLE New Regimen	Zoledronic acid 4 mg IV day 1. Q21 days	✓	Pending

Updates from October 1, 2017

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
	Thyroid – Palliative		
LENV Funding Status	Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP) according to specific criteria, effective September 12, 2017.	✓	✓

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Gastroesophageal – Palliative		
CAPECRBP+TRAS Note	Added a note to specify that "prior authorization is required for PDRP funding of trastuzumab for this regimen" for consistency with the CRBPFU+TRAS regimen.	✓	✓

Lung

Updated Section	Change Description	ST-QBP	DF
	Small Cell – Palliative		
CISPETOP New Regimen	New evidence-informed regimen (added as a clinical variant to existing cisplatin/etoposide lung regimens as discussed with ST-QBP Clinical Lead): CISplatin 75 mg/m^2 IV day 1; Etoposide 100 mg/m^2 IV days 1-3. Q21 days	✓	Pending

Updates from September 1, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Pancreatic – Palliative		

Updated Section	Change Description	ST-QBP	DF
FOLFNALIRI Drug Name & Funding Status	Updated name of irinotecan product to liposomal irinotecan to align with Health Canada Product Monograph (previously nanoliposomal irinotecan as specified in NAPOLI-1). Updated the funding status of liposomal irinotecan to blue to reflect universal compassionate access program availability.	✓	✓
Colorectal, Small Bowel & Appendix – Palliative			
FOLFIRI+PNTM Funding status	Updated funding status of panitumumab to black to reflect public funding availability via NDFP when used in combination with chemotherapy in the first line setting, effective September 1, 2017.	✓	✓
MFOLFOX6+PNTM Funding status	Updated funding status of panitumumab to black to reflect public funding availability via NDFP when used in combination with chemotherapy in the first line setting, effective September 1, 2017.	✓	✓

LUNG

Updated Section	Change Description	ST-QBP	DF
Non-Small Cell – Palliative			
PEMB Funding Status	Updated funding status of pembrolizumab to blue to reflect universal compassionate access program availability.	✓	Pending

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
Palliative			
CAPECISP New Regimen	CISplatin 75 mg/m^2 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
CAPECRBP New Regimen	CARBOplatin AUC 5 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending
CAPECISP+CETU New Regimen	CISplatin 100 mg/m^2 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m^2 IV DAY 1 CYCLE 1 ONLY; THEN Cetuximab 250 mg/m^2 IV weekly – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
CAPECRBP+CETU New Regimen	CARBOplatin AUC 5 IV day 1; Capecitabine 1000 mg/m^2 PO bid days 1-14 – not currently publicly funded for this regimen and intent; Cetuximab 400 mg/m^2 IV DAY 1 CYCLE 1 ONLY; THEN Cetuximab 250 mg/m^2 IV weekly – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
Endometrial – Adjuvant/Curative			

Updated Section	Change Description	ST-QBP	DF
CISP(RT) New Regimen	CISplatin 50 mg/m^2 IV days 1, 22 Concurrent with radiotherapy. *Note: *For use in high-risk, stage III disease only. For the adjuvant chemotherapy portion to follow using 4 cycles of CARBOplatin and PACLitaxel, please report as regimen code: CRBPPACL**	✓	Pending
Ovarian – Palliative			
OLAP Dose	Updated dose to reflect new formulation: Olaparib 300 mg PO bid (tablet formulation) or 400 mg PO bid (capsule formulation) – not currently publicly funded for this regimen and intent. *Note: For use as maintenance treatment in platinum-sensitive, relapsed disease with a BRCA1/2 mutation*	✓	Pending

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
Adrenal – Palliative			
CYCLDCRBVNCR Schedule	Updated regimen to include the route of administration as "IV" (previously omitted) to align with published literature.	✓	✓

Updates from August 2, 2017

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
Ovarian – Palliative			
CRBPPGLDX Funding Status	Updated funding status of pegylated liposomal doxorubicin to black to reflect public funding availability via NDFP when used in combination with carboplatin, effective August 8, 2017.	✓	✓

Updates from July 21, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
Small Bowel & Appendix Cancers – Adjuvant/Curative			
MFOLFOX6 Funding Status	Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
CAPE Funding Status	Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017	✓	✓
FLOX New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
XELOX New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
OXALRALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability of oxaliplatin via NDFP, effective June 29, 2017	✓	✓
Small Bowel & Appendix Cancers – Palliative			
MFOLFOX6 Funding Status	Updated funding status of oxaliplatin to black to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓

Updated Section	Change Description	ST-QBP	DF
CAPE Funding Status	Updated funding status of capecitabine to black to reflect public funding availability via ODB as a limited use product, effective June 29, 2017	✓	✓
XELOX Funding Status & Note	Updated funding status of capecitabine and oxaliplatin to black to reflect public funding availability via ODB as a limited use product and NDFP respectively, effective June 29, 2017; Added a note to indicate an alternative dose option for capecitabine.	✓	✓
FOLFIRI+BEVA New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN(Q2W)+CETU New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN(Wx4) New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN(Wx4)+CETU New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
IRIN+CETU New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
MFOLFOX6+BEVA New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
PNTM New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
RALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability via NDFP, effective June 29, 2017	✓	✓
XELOX+BEVA New Regimen	Added as a new evidence-informed regimen to reflect public funding availability, effective June 29, 2017	✓	✓
IRINRALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability of irinotecan via NDFP, effective June 29, 2017	✓	✓
OXALRALT New Regimen	Added as a new evidence-informed regimen to reflect public funding availability of oxaliplatin via NDFP, effective June 29, 2017	✓	✓
Pancreatic – Palliative			
CAPE(RT) New Regimen	Capecitabine 830 mg/m^2 PO bid on days of radiotherapy (5 days/week) – not currently publicly funded for this regimen and intent.	✓	Pending
FOLFNALIRI New Regimen	Nanoliposomal irinotecan 80 mg/m^2 (equivalent to 70 mg/m^2 of irinotecan free base) IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days	✓	Pending
Colorectal – Palliative			
FOLFIRI+CETU Schedule	Added an alternative schedule for cetuximab: Cetuximab 500 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent. Q14 days	✓	Pending
FOLFIRI+PNTM New Regimen	PANitumumab 6 mg/kg IV day 1 – not currently publicly funded for this regimen and intent; Followed by: Irinotecan 180 mg/m^2 IV day 1; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours, starting on day 1. Q14 days	✓	Pending
Gastroesophageal – Adjuvant/Curative/Neoadjuvant			
FLODOCE	DOCEtaxel 50 mg/m^2 IV day 1;	✓	Pending

Updated Section	Change Description	ST-QBP	DF
New Regimen	Oxaliplatin 85 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 200* mg/m^2 IV day 1; Fluorouracil 2600 mg/m^2 CIV over 24 hours day 1. Q14 days *Note: *the racemic mixture of leucovorin was used in the FLOT4 trial by Al-Batran SE et al.*		

Following is a gastrointestinal request that did not receive recommendation to list as an evidence-informed regimen:

Pancreatic – Palliative	
GEMC(RT)	Gemcitabine 40 mg/m^2 IV day 1 and day 4; Biweekly during concurrent radiotherapy

Updates from May 19, 2017

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
T Cell Lymphoma – Adjuvant/Curative & Palliative			
CISP(RT-W)-VIPD Schedule	Updated cisplatin to include the route of administration as "IV" which was previously omitted.	✓	✓
Acute Myeloid Leukemia – Palliative			
CYTA Schedule	Updated cytarabine alternative schedule for SC dosing option to 10 mg/m^2 or 20 mg SC **BID** x 10 days (previously 10 mg/m^2 or 20 mg SC **daily** x 10 days) to align with literature.	✓	✓
Acute Promyelocytic Leukemia – Palliative			
ARSE Schedule	Updated arsenic schedule to 0.15 mg/kg/day IV daily or daily (Monday to Friday only) until remission to align with literature (previously daily Monday to Friday until remission).	✓	✓
Acute Lymphoblastic Leukemia – Adjuvant/Curative			
ALL-R3(CONS) Schedule	Updated methotrexate IV infusion time to 36 hours to align with protocol (previously 3 hours)	✓	✓
ALL-R3(INT) Schedule	Added methotrexate IV infusion time of 36 hours to align with protocol (previously not specified)	✓	✓
ALL-R3(INTERIM MNT) Note & Route	Added a note to specify that patients who have received cranial radiation in R3 do not receive intrathecal methotrexate in this cycle, and added SC as an additional route for cytarabine, to align with protocol specifications.	✓	✓
ALL-R3(MNT C1-7) Note	Added a note to specify that patients who have received cranial radiation in R3 do not receive intrathecal methotrexate in this phase to align with protocol specifications.	✓	✓
DANAFARBER (CNS) Schedule	Updated schedule to reflect start of cycle as Day 1 for consistency with other protocols (previously Day 0 for vincristine, doxorubicin and intrathecal treatments).	✓	✓
HYPERCVAD+ RITU Funding Status	Updated rituximab funding status to indicate that this drug is not currently publicly funded for this regimen and intent.	✓	✓
Acute Myeloid Leukemia – Adjuvant/Curative			
3+7 Note	Updated note for cytarabine dosing in patients less than 60 years of age (previously less than or equal to 60 years of age).	✓	✓
CYTAIDAR Note	Added a note for cytarabine dosing in patients less than 60 years of age to align with dosing used in 3+7 regimen.	✓	✓
Acute Promyelocytic Leukemia – Adjuvant/Curative			

Updated Section	Change Description	ST-QBP	DF
ARSEATRA(INDLO/INT) Duration	Modified the treatment duration to "until CR or for a maximum of 60 days" to align with literature (previously "until CR").	✓	✓
ARSEATRA(CONS LO/INT) Schedule	Changed tretinoin dosing schedule to Days 1-14 (every 28 days) to align with literature (previously listed as "15 days Qmonth").	✓	✓
AMSAATRACYTA Dose	Updated the amsacrine dose in the standard schedule to 125 mg/m^2 IV days 1-3 to align with literature and daunorubicin dose equivalency (previously 100 mg/m^2 IV days 1-3).	✓	✓

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
FLVSPALB New Regimen	Fulvestrant 500 mg IM days 1, 15, 29 (loading dose) – not currently publicly funded for this regimen and intent THEN Fulvestrant 500 mg IM day 1; Palbociclib 125 mg PO days 1-21 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Adjuvant/Curative		
ALDE(INTRALESIONAL) New Regimen	Aldesleukin up to 22 million IU – not currently publicly funded for this regimen and intent. Q7-14 days *Note: The amount injected depends on the number and size of in-transit metastases. Doses should not exceed 1 vial (22 million IU) per cycle.*	✓	Pending
	Merkel Cell – Palliative		
AVEL New Regimen	Avelumab 10 mg/kg IV – not currently publicly funded for this regimen and intent. Q14 days	✓	Pending

Updates from May 4, 2017

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Endometrial - Palliative		
IFOSPACL New Regimen	Ifosfamide 1600 mg/m^2 IV days 1-3; PACLitaxel 135 mg/m^2 IV day 1; Mesna (refer to Mesna table). Q21 days	✓	Pending
	Ovarian – Palliative		
PGLDX+BEVA New Regimen	Pegylated Liposomal DOXOrubicin 40 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; Bevacizumab 10 mg/kg IV days 1, 15 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
TOPO(W)+BEVA New Regimen	Topotecan 4 mg/m^2 IV days 1, 8, 15 – not currently publicly funded for this regimen and intent; Bevacizumab 10 mg/kg IV days 1, 15 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending
TOPO+BEVA New Regimen	Topotecan 1.25 mg/m^2 IV days 1-5 – not currently publicly funded for this regimen and intent; Bevacizumab 15 mg/kg IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Low Grade Lymphoma – Palliative		
BEND+OBIN and OBIN(MNT) New Regimens	<u>BEND+OBIN:</u> Bendamustine 90 mg/m^2 IV days 1-2 – not currently publicly funded for this regimen and intent; oBINutuzumab 1000 mg IV days 1, 8, 15 (cycle 1 only) THEN oBINutuzumab 1000 mg IV day 1 of cycles 2 to 6 – not currently publicly funded for this regimen and intent; Q28 days *Note: **For use in patients with rituximab-refractory disease. See GADOLIN paper for details. For maintenance use, report as Regimen Code: OBIN(MNT) after BEND+OBIN induction*** <u>OBIN(MNT):</u> oBINutuzumab 1000 mg IV day 1 – not currently publicly funded for this regimen and intent; Q8 weeks (until disease progression or for up to 2 years)	✓	✓
BORTGEMC New Regimen	Bortezomib 1 mg/m^2 IV/SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent; Gemcitabine 1000 mg/m^2 IV days 1, 8. Q21 days	✓	Pending
GDP New Regimen	Gemcitabine 1000 mg/m² IV days 1 and 8; Dexamethasone 40 mg PO days 1-4; CISplatin 75 mg/m² IV day 1. Q21 days *Note: For use in selected patients with R/R indolent NHL*	✓	Pending

LUNG

Updated Section	Change Description	ST-QBP	DF
	Mesothelioma – Palliative		
CISPPEME+BEVA Funding Status	Updated funding status of pemetrexed to red as it is not currently publicly funded as part of this regimen and intent.	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		

Updated Section	Change Description	ST-QBP	DF
NIVL+IPIL Funding Status	Updated funding status of ipilimumab to red as it is not currently publicly funded as part of this regimen and intent.	✓	Pending

Updates from May 2, 2017

The following are regimens which were de-listed as evidence-informed and no longer eligible for funding through the ST-QBP, as of April 1, 2017:

PRIMARY UNKNOWN

Updated Section	Change Description	ST-QBP	DF
Palliative			
GEMCIRIN	Gemcitabine 1000 mg/m^2 IV days 1, 8; Irinotecan 100 mg/m^2 IV days 1, 8. Q21 days	✓	✓

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
Gastroesophageal – Palliative			
CRBPPACL	CARBOplatin AUC 5-6 IV day 1; PACLitaxel 175-200 mg/m^2 IV day 1. Q21 days	✓	✓

Updates from April 21, 2017

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
Acute Lymphoblastic Leukemia – Palliative			
BLIN Funding Status	Updated funding status of blinatumomab to black to reflect public funding availability via NDFP, effective April 24, 2017.	✓	✓

Updates from March 30, 2017

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
CMML & Myeloproliferative – Palliative			
HYDR Note	Added a note "Hydroxyurea should be initiated as cytoreductive therapy in patients with polycythemia vera who are greater than 60 years old and/or have a history of thrombosis. Hydroxyurea can be considered in patients with myeloproliferation symptoms. Please see the following reference for further information: Barbui T *et al*. Blood 2013;122:2176-84."	✓	✓
Acute Promyelocytic Leukemia – Curative			
AMSAATRACYTA Dose	Updated cytarabine alternative schedule dosing to 100 mg/m^2/day CIV days 1-7 to align with current best practice (previously 1000 mg/m^2/day CIV days 1-7). Discussed with Ontario Cancer Lead.	✓	✓
Acute Myeloid Leukemia – Palliative			

Updated Section	Change Description	ST-QBP	DF
CYTAMTRX(IT) Schedule and Frequency	Added a note to help inform schedule and frequency ("2 injections per week for 4 weeks") and for consistency with other sub-diseases.	✓	✓

Updates from March 20, 2017

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Renal Cell – Palliative		
NIVL Funding Status	Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017.	✓	✓

LUNG

Updated Section	Change Description	ST-QBP	DF
	Non-Small Cell – Palliative		
NIVL Funding Status	Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017.	✓	✓

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
NIVL Funding Status	Updated funding status of nivolumab to black to reflect public funding availability via NDFP, effective March 21, 2017.	✓	✓

Updates from March 2, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Small Bowel & Appendix – Palliative		
XELOX New Regimen	Capecitabine 750 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 IV day 1 – Prior authorization is required for PDRP funding of oxaliplatin for this regimen. Q21 days	✓	Pending
	Hepatobiliary – Adjuvant/Curative		
CAPE(RT) New Regimen	Capecitabine 825 mg/m^2 PO BID either on days of radiation (5 days/week), or continuously (7 days/week) during radiotherapy – not currently publicly funded for this regimen and intent.	✓	Pending

SARCOMA

Updated Section	Change Description	ST-QBP	DF
	Soft Tissue – Palliative		
TMZL New Regimen	Temozolomide 200 mg/m^2 PO as a loading dose then 90 mg/m^2 PO Q12H x 9 doses (days 1-5) – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Alternative Schedule: Temozolomide 75 mg/m^2/day PO days 1-42 – not currently publicly funded for this regimen and intent. Q63 days		

Following is a sarcoma request that did not receive recommendation to list as an evidence-informed regimen:

Soft Tissue – Palliative			
PGLDX	Pegylated Liposomal DOXOrubicin 40-50 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent. Q28 days		

Updates from February 28, 2017

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Gastroesophageal – Palliative		
PACL(W)+RAMU Funding Status	Updated funding status of ramucirumab to black to reflect public funding availability via NDFP, when used in combination with weekly PACLitaxel, effective February 28, 2017.	✓	✓

Updates from February 22, 2017

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
ZOLE Schedule	Added an alternative schedule for Zoledronic acid 4 mg IV day 1 Q84 days (previously Q28 day standard schedule only)	✓	Pending

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
	Head & Neck –Adjuvant/Curative		
CRBP(RT-3W) New Regimen	CARBOplatin AUC 6 IV days 1, 22, 43; Concurrent with radiotherapy	✓	Pending
	Head & Neck – Palliative		
NIVL New Regimen	Nivolumab 3 mg/kg IV day 1 – not currently publicly funded for this regimen and intent. Q14 days	✓	Pending

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Myeloma - Palliative		
ZOLE Schedule	Added an alternative schedule for Zoledronic acid 4 mg IV day 1 Q84 days (previously Q28 day standard schedule only)	✓	Pending
	Intermediate Grade Lymphoma – Adjuvant/Curative		
MATRIX New Regimen	Rituximab 375 mg/m^2 IV days –5 and 0 – not currently publicly funded for this regimen and intent.	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Methotrexate* 3500 mg/m^2 IV day 1; Cytarabine* 2000 mg/m^2 IV Q12hours days 2 and 3; Thiotepa* 30 mg/m^2 IV day 4 – not currently publicly funded for this regimen and intent; Q21 days *Note: only the portion of this regimen delivered on an outpatient basis will be considered within scope for ST-QBP funding. Inpatient portions are denoted with an "*".*		

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Neuroendocrine – Palliative		
DCRBEPIRFU New Regimen	Dacarbazine 200 mg/m^2 IV days 1-3; EPIrubicin 30 mg/m^2 IV days 1-3; Fluorouracil 500 mg/m^2 IV days 1-3. Q21 days	✓	Pending

Updates from February 3, 2017

LUNG

Updated Section	Change Description	ST-QBP	DF
	Non-Small Cell – Adjuvant/Curative & Palliative		
CISPETOP(PO) Schedule	Added an alternative schedule for etoposide 100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2-3 (previously 200 mg/m^2 PO days 1-3).	✓	Pending
	Non-Small Cell – Palliative		
CRBPETOP(PO) New Regimen	New evidence-informed regimen (added as a clinical variant): • CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3. Q21 days *Alternative Schedule:* Etoposide 100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2-3.	✓	Pending
	Small Cell – Adjuvant/Curative & Palliative		
CISPETOP(PO) Schedule	Added an alternative schedule for etoposide 100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2-3 (previously 200 mg/m^2 PO days 1-3).	✓	Pending
CRBPETOP(PO) New Regimen	New evidence-informed regimen (added as a clinical variant): • CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3. Q21 days *Alternative Schedule:* Etoposide 100 mg/m^2 IV day 1 then 200 mg/m^2 PO days 2-3.	✓	Pending

PRIMARY UNKNOWN

Following is a primary unknown request that <u>did not</u> receive recommendation to list as an alternative schedule for an existing evidence-informed regimen:

Palliative	
GEMCIRIN	Proposed alternative schedule: Gemcitabine 750 mg/m^2 IV days 1, 8, 15; Irinotecan 75 mg/m^2 IV days 1, 8, 15. Q28 days

Updates from January 25, 2017

LUNG

Updated Section	Change Description	ST-QBP	DF
Thymoma – Palliative			
DENO Regimen Clarification	Duplicate denosumab regimen code removed (remains as not publicly funded for this regimen and intent).	✓	✓
Non-Small Cell - Palliative			
ALEC New Regimen	New evidence-informed regimen: • Alectinib 600 mg PO bid – not currently publicly funded for this regimen and intent. *Note: For use in patients with ALK-positive non-small cell lung cancer (NSCLC) who have progressed on or are intolerant to crizotinib*	✓	✓
OSIM New Regimen	New evidence-informed regimen: • Osimertinib 80 mg PO daily – not currently publicly funded for this regimen and intent. *Note: For locally advanced or metastatic EGFR T790M mutation-positive NSCLC who have progressed on or after EGFR TKI therapy*	✓	✓
PEMB (FIXED) New Regimen	New evidence-informed regimen: • Pembrolizumab 200 mg IV day 1 – not currently publicly funded for this regimen and intent; Q21 days *Note: For 1st line use (PD-L1 TPS of 50% or greater, and no EGFR or ALK mutation)*	✓	Pending

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
Gastroesophageal – Adjuvant/Curative			
XELOX New Regimen	New evidence-informed regimen: • Capecitabine 1000 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
MFOLFOX6 New Regimen	New evidence-informed regimen: • Oxaliplatin 85 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hrs day 1. Q14 days	✓	Pending
Colorectal– Adjuvant/Curative & Palliative			
OXALRALT	Updated oxaliplatin dose to 100-130 mg/m^2 (previously 100 mg/m^2) to align with literature.	✓	Pending

Updated Section	Change Description	ST-QBP	DF
Dose			

Following is a gastrointestinal request that did not receive recommendation to list as an alternative schedule for an existing evidence-informed regimen:

Gastroesophageal – Neoadjuvant	
CISPFU(RT)	Proposed alternative for protracted 5-FU infusion: CISplatin 75 mg/m^2 IV days 1 and 29; Fluorouracil 225 mg/m^2/day CIV over 24 hours daily (5 days/week) concurrent with radiation.

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
Myeloma - Palliative			
DEXAIXAZLENA New Regimen	New evidence-informed regimen: • Ixazomib 4 mg PO days 1, 8, 15 – not currently publicly funded for this regimen and intent; Lenalidomide 25 mg PO days 1-21 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg PO days 1, 8, 15, 22. Q28 days	✓	✓
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending
Chronic Lymphocytic Leukemia - Palliative			
VENE New Regimen	New evidence-informed regimen: • Week 1: Venetoclax 20 mg PO daily – not currently publicly funded for this regimen and intent; Week 2: Venetoclax 50 mg PO daily; Week 3: Venetoclax 100 mg PO daily; Week 4: Venetoclax 200 mg PO daily; THEN Venetoclax 400 mg PO daily.	✓	✓
Acute Lymphoblastic Leukemia – Adjuvant/Curative & Palliative			
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending
Acute Myeloid Leukemia – Adjuvant/Curative & Palliative			
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending
High Grade Lymphoma – Adjuvant/Curative & Palliative			

Updated Section	Change Description	ST-QBP	DF
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending
Intermediate Grade Lymphoma – Adjuvant/Curative & Palliative			
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending
Low Grade Lymphoma – Palliative			
MTRX(IT) **New Regimen**	New evidence-informed regimen: • Methotrexate 12 mg IT *Schedule and frequency depends on treatment intent and disease status (i.e. prophylactic or established CNS involvement)*	✓	Pending

Updates from January 16, 2017
SARCOMA

Updated Section	Change Description	ST-QBP	DF
Ewing's – Palliative			
IRINTMZL Dose	Updated irinotecan dose to 10-20 mg/m^2/day (previously 20-50 mg/m^2/day) to align with literature, and originally approved ST-QBP request.	✓	✓

Updates from January 3, 2017
BREAST

Updated Section	Change Description	ST-QBP	DF
Adjuvant/Curative			
PACL(W)+TRAS Schedule	Updated PACLitaxel and trastuzumab schedules to better align with other ST-QBP regimen abstracts and DF documents. Discussed with Drug Formulary Clinical Lead.	✓	✓

Updates from December 23, 2016
HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
Rare Diseases: Multicentric Castleman's Disease – Palliative			
SILT Funding Status	Updated funding status to black to reflect public funding availability via NDFP, effective December 22, 2016.	✓	✓
Acute Myeloid Leukemia – Adjuvant/Curative			
FLAG+IDA Units	Updated filgrastim units to mcg (previously: mg) to align with literature.	✓	Pending

Updates from December 15, 2016

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
CRBPPACL Dose	Updated PACLitaxel dose to 175 mg/m^2 (previously 175-200 mg/m^2) to align with literature. Discussed with Ontario Breast Cancer Disease Site Lead.	✓	Pending

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Renal Cell – Palliative		
IFNA+BEVA Drug Modification	Updated to interferon alfa-2b to align with market status in Canada (previously interferon alfa-2a no longer available).	✓	Pending

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	High Grade & Burkitt's Lymphoma – Adjuvant/Curative		
CODOXM+RITU Schedule and Note	Updated riTUXimab schedule to day 1* (previously days 2 and 12) to align with published literature and standard administration schedule. Discussed with Hematology Ontario Cancer Lead. Added a note (*dose may be postponed to later in the cycle if clinically indicated).	✓	Pending
	CMML & Myeloproliferative – Palliative		
AZCT Funding Status	Added an additional sub-disease to reflect public funding availability for azaCITIDine via NDFP at the three listed dosing schedules.	✓	n/a

November 18, 2016

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Vulvar – Palliative		
CISP(RT-W) New Regimen	New evidence-informed regimen: • CISplatin 40 mg/m^2 (maximum dose: 70 mg) IV day 1; Weekly during concurrent radiotherapy	✓	Pending
CISPVINO New Regimen	New evidence-informed regimen: • CISplatin 80 mg/m^2 IV day 1; Vinorelbine 25 mg/m^2 IV days 1, 8. Q21 days	✓	Pending
	Ovarian – Palliative		
DOCE New Regimen	New evidence-informed regimen: • DOCEtaxel 75-100 mg/m^2 IV day 1.* Q21 days *Note: *Gynecology Drug Advisory Committee recommends initiation at the lower end of the dose range. Dose may be increased if tolerated and appropriate.*	✓	Pending
DOCE(W) New Regimen	New evidence-informed regimen: • DOCEtaxel 30-40 mg/m^2 IV day 1, 8, 15.* Q28 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	*Note: *Gynecology Drug Advisory Committee recommends initiation at the lower end of the dose range. Dose may be increased if tolerated and appropriate.*		

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia – Palliative		
BLIN Funding Status	Updated funding status to blue to reflect access via a universal compassionate access program	✓	n/a
	Myeloma – Palliative		
DARADEXALENA New Regimen	New evidence-informed regimen: • Cycles 1-2: Daratumumab 16 mg/kg IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg* PO days 1, 8, 15, 22; Lenalidomide 25 mg PO days 1-21 – not currently publicly funded for this regimen and intent. Q28 days Cycles 3-6: Daratumumab 16 mg/kg IV days 1, 15; Dexamethasone 40 mg* PO days 1, 8, 15, 22; Lenalidomide 25 mg PO days 1-21. Q28 days Cycle 7 and beyond: Daratumumab 16 mg/kg IV day 1; Dexamethasone 40 mg* PO days 1, 8, 15, 22; Lenalidomide 25 mg PO days 1-21. Q28 days Note: *On daratumumab dosing days, half the dexamethasone dose was administered as a pre-medication on the day of the infusion and half the dose the day after.	✓	✓
	Hodgkin's – Palliative		
GDCRBP New Regimen	New evidence-informed regimen: • Gemcitabine 1000 mg/m^2 IV day 1 and 8; Dexamethasone 40 mg PO days 1-4; CARBOplatin AUC 5 IV day 1. Q21 days	✓	✓
	Intermediate Grade Lymphoma – Palliative		
GDCRBP New Regimen	New evidence-informed regimen: • Gemcitabine 1000 mg/m^2 IV day 1 and 8; Dexamethasone 40 mg PO days 1-4; CARBOplatin AUC 5 IV day 1. Q21 days	✓	✓

Updates from November 1, 2016
GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Vulvar – Adjuvant/Curative		
CISP(RT-W) Dose	Updated cisplatin to 40 mg/m^2 (maximum dose: 70 mg) IV day 1 to align with landmark clinical trial and recommendations from the Gynecology Disease Site Drug Advisory Committee (previously maximum dose not specified).	✓	Pending
	Endometrial – Palliative		
PACL(W) Schedule	Updated dosing schedule for PACLitaxel to days 1, 8, 15, 22 (previously days 1, 8, 15, 21) to align with clinical practice.	✓	Pending
	Ovarian – Palliative		
PACL(W) Schedule	Updated dosing schedule for PACLitaxel to days 1, 8, 15, 22 (previously days 1, 8, 15, 21) to align with clinical practice.	✓	✓

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Myelogenous Leukemia – Palliative		
NILO Dose	Updated niLOtinib dose to the recommended doses and indications (Newly diagnosed Chronic Phase: 300 mg PO BID; Resistant or Intolerant Chronic Phase or Accelerated Phase: 400 mg PO BID) listed in drug monograph and to align with the official product monograph (previously 400 mg PO BID).	✓	✓

Updates from October 20, 2016

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Lymphocytic Leukemia – Palliative		
IDEL+RITU Funding Status	Updated funding status to black to reflect public funding availability for idelalisib via the Exceptional Access Program (EAP), and riTUXimab via NDFP, effective October 19, 2016.	✓	✓

Updates from October 7, 2016

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Endometrial – Adjuvant/Curative		
MEDR New Regimen	New evidence-informed regimen: • Medroxyprogesterone 400-600 mg PO daily	✓	Pending
MEGE New Regimen	New evidence-informed regimen: • Megestrol acetate 160-320 mg PO daily	✓	Pending

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Myeloid Leukemia – Adjuvant/Curative		
CYTADAUN Schedule	Updated cytarabine to 3000 mg/m^2 IV Q12 hours days 1, 3, 5 to align with landmark clinical trial (previously 3000 mg/m^2 IV days 1, 3, 5).	✓	n/a

Updates from September 19, 2016

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
LETRPALB New Regimen	New evidence-informed regimen: • Letrozole 2.5 mg PO daily (continuously) – not currently publicly funded for this regimen and intent; Palbociclib 125 mg PO days 1-21 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending

Following is a breast request that did not receive recommendation to list as an evidence-informed regimen:

	Neoadjuvant
DOCE+PERT+TRAS	DOCEtaxel 75-100 mg/m^2 IV day 1 – not currently publicly funded for this regimen and intent; PERTuzumab 840 mg IV loading dose followed by 420 mg IV day 1 – not currently publicly funded for this regimen and intent; Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV – not currently publicly funded for this regimen and intent. Q21 days

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia – Adjuvant/Curative		
ALL-R3(IND) Schedule	Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP	✓	n/a
ALL-R3(CONS) Schedule	Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP	✓	n/a
ALL-R3(INT) Schedule	Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole, prednisolone) as out of scope for ST-QBP	✓	n/a
ALL-R3(FLAD) Schedule	Updated Regimen Abstract to remove supportive care medications (filgrastim, fluconazole, prednisolone) as out of scope for ST-QBP	✓	n/a
ALL-R3(INTERIM MNT) Schedule	Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP	✓	n/a
ALL-R3(MNT C1-7) Schedule	Updated Regimen Abstract to remove supportive care medications (sulfamethoxazole/trimethoprim, fluconazole) as out of scope for ST-QBP	✓	n/a
ALL-R3(MNT C8) Schedule	Updated Regimen Abstract to remove supportive care medication (sulfamethoxazole/trimethoprim) as out of scope for ST-QBP	✓	n/a
	Hodgkin's – Palliative		
NIVL Schedule	Updated frequency for nivolumab 3 mg/kg to q14 days (previously q21 days) to align with landmark clinical trial.	✓	Pending

Updates from September 9, 2016

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
ALDE(INTRALESIONAL)	Updated funding status to black to reflect public funding availability via NDFP, effective September 9, 2016.	✓	✓

Updated Section	Change Description	ST-QBP	DF
Funding Status			

Updates from August 29, 2016

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Myeloma – Palliative		
LENA Note	Updated note to "For use as maintenance treatment post-ASCT" (previously: Maintenance post STC")	✓	n/a
	Acute Lymphoblastic Leukemia – Adjuvant/Curative		
ALL-R3(FLAD) Funding Status	Updated funding status of Liposomal DAUNOrubicin to red to align with lack of public funding availability (only available via Health Canada's SAP) (previously listed in black)	✓	n/a
	MDS – Palliative		
AZCT Schedule	Added alternative schedules (to align with public funding criteria): • Azacitidine 75 mg/m^2 SC daily, days 1-5 and 8-9 (5-2-2 regimen) • Azacitidine 75 mg/m^2 SC daily, days 1-6	✓	n/a

PRIMARY UNKNOWN

Updated Section	Change Description	ST-QBP	DF
	Palliative		
ECX New Regimen	New evidence-informed regimen: • EPIrubicin 50 mg/m² IV day 1; CISplatin 60 mg/m² IV day 1; Capecitabine 625 mg/m² PO BID days 1-21 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending

Updates from August 17, 2016

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Bladder/Urothelial – Palliative		
CISPGEMC(W) New Regimen	New evidence-informed regimen: • CISplatin 35 mg/m^2 IV day 1, 8; Gemcitabine 1000 mg/m^2 IV day 1, 8. Q21 days	✓	Pending
CRBPGEMCPACL New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; Gemcitabine 800 mg/m^2 IV days 1, 8; PACLitaxel 200 mg/m^2 IV day 1. Q21 days	✓	Pending
	Prostate – Palliative		
ECARBOF New Regimen	New evidence-informed regimen: • EPIrubicin 50 mg/m^2 IV day 1; CARBOplatin AUC 5 IV day 1;	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Fluorouracil 200 mg/m^2/day CIV over 24 hours days 1-21. Q21 days *Note: For the treatment of hormone-refractory prostate cancer with liver metastases*		
ZOLE Schedule	Added as an alternative schedule: • Zoledronic acid 4 mg IV day 1. Q84 days	✓	Pending

GYNECOLOGICAL

Following are gynecological requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Ovarian – Palliative	
DOXO	DOXOrubicin 50-60 mg/m^2 IV day 1. Q21 days *Note: For use in patients unable to tolerate pegylated liposomal DOXOrubicin*
DOXO(W)	DOXOrubicin 10-20 mg/m^2 IV day 1, 8, 15. Q28 days *Note: For use in patients unable to tolerate pegylated liposomal DOXOrubicin*

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
	Head & Neck – Palliative		
CISPFU+CETU Note	Added a note "Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete "	✓	n/a
CRBPFU+CETU Note	Added a note "Report as Regimen Code CETU when using as maintenance after chemotherapy portion is complete "	✓	n/a
CETU New Regimen	New evidence-informed regimen (for reporting): • Cetuximab 250 mg/m^2 IV days 1, 8, 15 – not currently publicly funded for this regimen and intent; Q21 days *Note: For use as maintenance in patients with stable disease after CISPFU+CETU or CRBPFU+CETU*	✓	n/a

Following is a head & neck request that <u>did not</u> receive recommendation to list as an evidence-informed regimen:

Head & Neck – Palliative	
CRBPPACL(W)	CARBOplatin AUC 5 IV day 1; PACLitaxel 80 mg/m^2 IV days 1, 8, 15. Q28 days

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Myeloma – Palliative		
BORTDEXADARA New Regimen	New evidence-informed regimen: • Cycles 1-3: Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent; Daratumumab 16 mg/kg IV days 1, 8, 15 – not currently publicly funded for this regimen and intent;	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Dexamethasone 20 mg PO days 1, 2, 4, 5, 8, 9, 11, 12. Q21 days Cycles 4-8: Bortezomib 1.3 mg/m^2 SC days 1, 4, 8, 11; Daratumumab 16 mg/kg IV day 1; Dexamethasone 20 mg PO days 1, 2, 4, 5, 8, 9, 11, 12. Q21 days Cycle 9 and beyond: Daratumumab 16 mg/kg IV day 1; Q28 days		
CARFDEXA Dose	Updated carfilzomib dose to 56 mg/m^2 (previously 27 mg/m^2) to align with literature (ENDEAVOR study). Discussed with Hematology Ontario Cancer Lead. *Note: The dose for days 1 and 2 of cycle 1 remain unchanged at 20 mg/m^2.*	✓	Pending
T-Cell Lymphoma – Adjuvant/Curative			
SMILE New Regimen	New evidence-informed regimen: • *Note: for NK/T-Cell Lymphoma* Methotrexate 2000 mg/m^2 IV day 1; Leucovorin 15 mg IV/PO q6h days 2-4; Ifosfamide 1500 mg/m^2 IV days 2-4; Mesna 300 mg/m^2 IV at 0, 4 and 8 hours post-ifosfamide, days 2-4; Dexamethasone 40 mg IV/PO days 2-4; Etoposide 100 mg/m^2 IV days 2-4; L-asparaginase 6000 U/m^2 IM/IV days 8, 10, 12, 14, 16, 18, 20. Q28 days	✓	Pending
Chronic Myelogenous Leukemia – Palliative			
PNAT Funding Status	Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016.	✓	Pending
Acute Lymphoblastic Leukemia – Adjuvant/Curative			
DASA New Regimen	New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP). Discussed with Hematology Ontario Cancer Lead): • daSATinib 140 mg PO daily	✓	Pending
PNAT New Regimen	New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016. Discussed with Hematology Ontario Cancer Lead): • Ponatinib 45 mg PO daily	✓	Pending
Acute Lymphoblastic Leukemia – Palliative			
DASA New Regimen	New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP). Discussed with Hematology Ontario Cancer Lead): • daSATinib 140 mg PO daily	✓	Pending
IMAT New Regimen	New evidence-informed regimen to also be listed under Palliative Intent (previously only Adjuvant/Curative). Discussed with Hematology Ontario Cancer Lead.	✓	Pending
PNAT New Regimen	New evidence-informed regimen (to reflect public funding availability via the Exceptional Access Program (EAP), effective August 3, 2016. Discussed with Hematology Ontario Cancer Lead): • Ponatinib 45 mg PO daily	✓	Pending
Acute Lymphoblastic Leukemia – Adjuvant/Curative & Palliative			

Updated Section	Change Description	ST-QBP	DF
AALL1131(MNT) Dose	Updated mercaptopurine dose to: suggested starting dose of 75 mg/m^2 (adjust dose based on thiopurine S-methyltransferase (TPMT) status) PO days 1-84 (previously listed as: see chart on page 267)	✓	Pending

Following is a hematology request that <u>did not</u> receive recommendation to list as an evidence-informed regimen:

Low Grade Lymphoma – Palliative	
BORTDEXA+RITU (updated)	Cycle 1: Bortezomib 1.3 mg/m^2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent. Q21 days **Cycles 2 and 5 only:** Bortezomib 1.6 mg/m^2 IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg IV on days 1, 8, 15, 22; riTUXimab 375 mg/m^2 IV on days 1, 8, 15, 22. Q35 days Cycles 3 and 4: Bortezomib 1.6 mg/m^2 IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent; Q35 days

LUNG

Updated Section	Change Description	ST-QBP	DF
Non-Small Cell – Palliative			
DABRTRAM New Regimen	New evidence-informed regimen: • DaBRAFenib 150 mg PO bid – not currently publicly funded for this regimen and intent; Trametinib 2 mg PO daily – not currently publicly funded for this regimen and intent. *Note: For use in patients with BRAF V600E mutation positive advanced non-small cell lung cancer after failure of at least one line of platinum-based systemic therapy*	✓	Pending
PEMB New Regimen	New evidence-informed regimen: • Pembrolizumab 2 mg/kg IV – not currently publicly funded for this regimen and intent; Q21 days *Note: For 2nd line use in patients with a PD-L1 score of 1% or greater*	✓	Pending
Mesothelioma – Palliative			
CRBPGEMC New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m^2 IV days 1, 8. Q21 days *Alternative Schedule:* CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days	✓	Pending

SARCOMA

Updated Section	Change Description	ST-QBP	DF
Kaposi's Sarcoma – Palliative			

Updated Section	Change Description	ST-QBP	DF
VNBL New Regimen	New evidence-informed regimen: • vinBLAStine 6 mg/m^2 IV day 1. Q14 days	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
ALDE(INTRALESIONAL) New Regimen	New evidence-informed regimen: • Aldesleukin up to 22 million IU – not currently publicly funded for this regimen and intent. Q7-14 days *Note: The amount injected depends on the number and size of in-transit metastases. Doses should not exceed 1 vial (22 million IU) per cycle.*	✓	Pending
DABRTRAM Funding Status	Updated funding status to black to reflect public funding availability via the Exceptional Access Program (EAP), effective August 10, 2016.	✓	✓

Updates from July 4, 2016

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Gastroesophageal – Adjuvant/Curative		
FULCVR(RT-GAST) Schedule	Added as an alternative schedule: • <u>Cycle 1:</u> Fluorouracil 425 mg/m^2 IV days 1-5; Leucovorin 20 mg/m^2 IV days 1-5. Q28 days <u>Cycle 2:</u> Fluorouracil 200 mg/m^2 CIV over 24 hours daily concurrent with radiotherapy <u>Cycles 3, 4:</u> Fluorouracil 425 mg/m^2 IV days 1-5; Leucovorin 20 mg/m^2 IV days 1-5. Q28 days	✓	✓
	Pancreatic – Adjuvant/Curative		
CAPEGEMC New Regimen	New evidence-informed regimen: • Capecitabine 830 mg/m^2 PO BID days 1-21 – not currently publicly funded for this regimen and intent; Gemcitabine 1000 mg/m^2 IV day 1, 8, 15. Q28 days	✓	✓

Following is a gastrointestinal request that <u>did not</u> receive recommendation to list as an evidence-informed regimen:

NET – Palliative	
DCRBEPIRFU	Dacarbazine 200 mg/m^2 IV days 1-3; EPIrubicin 30 mg/m^2 IV days 1-3; Fluorouracil 500 mg/m^2 IV days 1-3. Q21 days

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Hodgkin's – Adjuvant/Curative		
BREN(CONS) New Regimen	New evidence-informed regimen: • Brentuximab 1.8 mg/kg IV – not currently publicly funded for this regimen and intent. Q21 days *Note: for use in patients with risk factors for relapse or progression post-autologous stem cell transplantation*	✓	Pending
MINIBEAM New Regimen	New evidence-informed regimen: • Carmustine 60 mg/m² IV day 1; Etoposide 75 mg/m² IV days 2-5; Cytarabine 100 mg/m² IV Q12 hours on days 2-5; Melphalan 30 mg/m² IV day 6 (or may give 6 mg/m² IV daily for 5 days, or entire dose on day 5 for outpatient administration). Q28-42 days	✓	Pending
	AML – Adjuvant/Curative		
FLAG+IDA New Regimen	New evidence-informed regimen: • Fludarabine 30 mg/m^2 IV days 1-4; Cytarabine 2000 mg/m^2 IV days 1-4; Filgrastim 300 mcg SC days 1-4 – not currently publicly funded for this regimen and intent; IDArubicin 10 mg/m^2 IV days 1-2. Q28 days	✓	Pending
	CMML & Myeloproliferative – Palliative		
BSLF New Regimen	New evidence-informed regimen: • Busulfan 2 mg PO daily until desired response or intolerance then stop. Should not be taken continuously. *Alternative Schedule:* Busulfan 4-6 mg PO daily until desired response or intolerance then stop. Should not be taken continuously.	✓	Pending

Following is a hematology request that <u>did not</u> receive recommendation to list as an evidence-informed regimen:

Low Grade Lymphoma – Palliative	
BORTDEXA+RITU	Induction: Bortezomib 1.3 mg/m^2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg IV/PO on days 1, 4, 8, 11; riTUXimab 375 mg/m^2 IV day 11. Q21 days x 4 cycles Maintenance: Bortezomib 1.3 mg/m^2 IV days 1, 4, 8, 11 – not currently publicly funded for this regimen and intent; Dexamethasone 40 mg IV/PO on days 1, 4, 8, 11; riTUXimab 375 mg/m^2 IV day 11. Q12 weeks x 4 cycles Note: maintenance portion begins 12 weeks after completing the last cycle of induction

Updates from June 2, 2016
HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	CMML & Myeloproliferative – Palliative		
ANGR New Regimen	New evidence-informed regimen: (previously approved but not added to ST-QBP webpage) • Anagrelide 0.5 to 1 mg PO BID (or 0.5 mg PO QID), titrated to lowest effective dosage	✓	Pending

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
PEMB Funding Status and Note	Updated funding status to black to reflect public funding availability, effective June 2, 2016. Added a note "Please refer to the NDFP funding criteria for more details."	✓	✓
IPIL Note	Added a note "Please refer to the NDFP funding criteria for more details."	✓	✓

Updates from May 25, 2016

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Colorectal – Adjuvant/Curative		
XELOX Funding Status	Updated funding status to black to reflect public funding availability, effective May 31, 2016 (oxaliplatin via PDRP; capecitabine via ODB LU code 474)	✓	✓

HEAD AND NECK

Updated Section	Change Description	ST-QBP	DF
	Palliative		
CISP+CETU Dose	Updated CISplatin dose to 75-100 mg/m^2 (previously 100 mg/m^2) to align with literature and clinical practice. Discussed with DST lead/designate.	✓	✓
CISP Schedule	Updated frequency for CISplatin 40 mg/m^2 alternative dose schedule to q28 days (previously q21 days) to align with clinical practice. Discussed with DST lead/designate.	✓	Pending

Updates from May 10, 2016

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
ETOP(PO) Dose and Schedule	Added an alternative dose and schedule: • Etoposide 50-100 mg PO days 1-21. Q28 days	✓	✓

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Anal Canal – Palliative		
CRBPPACL New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5-6 IV day 1; PACLitaxel 175 mg/m^2 IV day 1. Q21 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
CRBPPACL(W) New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; PACLitaxel 80 mg/m^2 IV days 1, 8, 15. Q28 days	✓	Pending
Colorectal – Palliative			
MFOLFOX6+PNTM New Regimen	New evidence-informed regimen: • Oxaliplatin 85 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m^2 IV day 1; Fluorouracil 400 mg/m^2 IV day 1; PANitumumab 6 mg/kg IV day 1 – Not currently publicly funded for this regimen and intent; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days	✓	Pending
Gastroesophageal – Palliative			
CAPECRBP+TRAS New Regimen	New evidence-informed regimen: • Capecitabine 1000 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; CARBOplatin AUC 5 IV day 1; Trastuzumab 8 mg/kg IV (loading cycle 1, day 1) then 6 mg/kg IV day 1. Q21 days	✓	Pending
XELOX New Regimen	New evidence-informed regimen: • Capecitabine 1000 mg/m^2 PO BID days 1-14 – Not currently publicly funded for this regimen and intent; Oxaliplatin 130 mg/m^2 IV day 1 – Not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
MFOLFOX6 New Regimen	New evidence-informed regimen: • Oxaliplatin 85 mg/m² IV day 1 – Not currently publicly funded for this regimen and intent; Leucovorin 400 mg/m² IV day 1; Fluorouracil 400 mg/m² IV day 1; THEN Fluorouracil 2400 mg/m² CIV over 46 hours day 1. Q14 days	✓	Pending
RAMU New Regimen	New evidence-informed regimen: • Ramucirumab 8 mg/kg IV day 1 – not currently publicly funded for this regimen and intent. Q14 days	✓	Pending
Hepatobiliary – Adjuvant/Curative			
FU(CIV-RT) New Regimen	New evidence-informed regimen: • Fluorouracil 225 mg/m^2 CIV over 24 hours daily Concurrent with radiotherapy	✓	Pending
NET – Palliative			
LANREOTIDE New Regimen	New evidence-informed regimen: • Lanreotide 120 mg SC day 1. Q28 days	✓	Pending
Pancreatic – Palliative			
FU(IV-CIV)LCVR New Regimen	New evidence-informed regimen: • Leucovorin 400 mg/m^2 IV day 1;	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Fluorouracil 400 mg/m^2 IV day 1; THEN Fluorouracil 2400 mg/m^2 CIV over 46 hours day 1. Q14 days		

Following are gastrointestinal requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Colorectal – Palliative	
CAPE	7-day CAPE schedule: Capecitabine 1000-1250 mg/m^2 PO BID x 7 days. Q14 days
CISPIRIN	CISplatin 6 mg/m^2 IV days 1, 8, 15; Irinotecan 27 mg/m^2 days 1, 8, 15. Q28 days *Alternative Schedule:* CISplatin 30 mg/m^2 IV Day 1; Irinotecan 80m g/m^2 IV Day 1. Q14 days
Gastroesophageal – Adjuvant/Curative	
CISPDOCEFU	DOCEtaxel 75-85 mg/m^2 IV day 1; CISplatin 75 mg/m^2 IV day 1; Fluorouracil 300 mg/m^2/day CIV days 1-14. Q21 days
Hepatobiliary – Palliative	
GEMOX	Gemcitabine 1000 mg/m^2 IV days 1, 8, 15; Oxaliplatin 85-100 mg/m^2 IV days 1, 15 – Not currently publicly funded for this regimen and intent. Q28 days
Pancreatic – Palliative	
GTX	Capecitabine 750 mg/m^2 PO BID days 1-14 – not currently publicly funded for this regimen and intent; Gemcitabine 750 mg/m^2 IV days 4, 11; DOCEtaxel 30 mg/m^2 IV days 4, 11. Q21 days

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
Prostate – Palliative			
ECF Note	Added a note to specify "For the treatment of hormone-refractory prostate cancer with liver metastases"	✓	Pending

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
High Grade Lymphoma – Palliative			
BREN Regimen Removed	Removed regimen as Anaplastic Large Cell Lymphoma is classified as an intermediate grade lymphoma. Remains listed as evidence-informed under intermediate grade – palliative	✓	n/a
Acute Lymphoblastic Leukemia – Adjuvant/Curative			

Updated Section	Change Description	ST-QBP	DF
IMAT New Regimen	New evidence-informed regimen: • iMAtinib 600 mg* PO daily *Note: *Dose may be increased to 400 mg PO BID if tolerated and appropriate*	✓	Pending
Acute Myeloid Leukemia – Adjuvant/Curative			
SORA New Regimen	New evidence-informed regimen: • SORAfenib 200-400 mg PO BID – not currently publicly funded for this regimen and intent *Note: For FLT3-ITD positive patients only*	✓	Pending
Hodgkin's – Palliative			
GEMC Dose	Revised gemcitabine dose to 1000 mg/m^2 IV (previously 1000-1250 mg/m^2)	✓	Pending
GEMC(HD) New Regimen	New evidence-informed regimen: • Gemcitabine 1250 mg/m^2 IV days 1, 8, 15. Q28 days	✓	Pending
ICE New Regimen	New evidence-informed regimen: • *Adapted for outpatient administration* Mesna 1667 mg/m² IV days 1-3; Ifosfamide 1667 mg/m² IV days 1-3; THEN Mesna 2000 mg PO days 1-3 (2 and 4 hours post-Ifosfamide); CARBOplatin AUC 5 IV day 1; Etoposide 100 mg/m² IV days 1-3. Q21-28 days	✓	Pending
NIVL New Regimen	New evidence-informed regimen: • Nivolumab 3 mg/kg IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
Intermediate Grade Lymphoma – Adjuvant/Curative			
CYTA(IT) New Regimen	New evidence-informed regimen: • *Schedule and frequency is variable, one option is:* Cytarabine 50-70 mg IT x 4 doses. *Note: As an alternative to IT or systemic methotrexate*	✓	Pending
Low-Grade Lymphoma – Palliative			
BEND New Regimen	New evidence-informed regimen: • Bendamustine 120 mg/m^2 IV days 1-2 – not currently publicly funded for this regimen and intent. Q21 days	✓	✓
CVP(PO)+R New Regimen	New evidence-informed regimen: • Cyclophosphamide 400 mg/m² PO days 1-5; vinCRIStine 1.4 mg/m² (max 2 mg) IV day 1; prednisone 100 mg PO days 1-5; riTUXimab 375 mg/m^2 IV day 1. Q21 days	✓	✓
CYCLDEXA+RITU New Regimen	New evidence-informed regimen: • Cyclophosphamide 100 mg/m² PO BID days 1-5; Dexamethasone 20 mg IV day 1; riTUXimab 375 mg/m^2 IV day 1. Q21 days	✓	Pending
Myeloma - Palliative			
BORT(MNT) New Regimen	New evidence-informed regimen: • Bortezomib 1.3 mg/m^2 SC day 1 – not currently publicly funded for this regimen and intent. Q14 days	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Note: Starts 3-4 months post-ASCT for up to 2 years		
DARA New Regimen	New evidence-informed regimen: • Cycles 1-2: Daratumumab 16 mg/kg IV days 1, 8, 15, 22 – not currently publicly funded for this regimen and intent. Q28 days Cycles 3-6: Daratumumab 16 mg/kg IV days 1, 15. Q28 days Cycle 7 and beyond: Daratumumab 16 mg/kg IV day 1. Q28 days	✓	Pending
MELPDEXA New Regimen	New evidence-informed regimen: • Melphalan 10 mg/m^2 PO days 1-4; Dexamethasone 40 mg PO days 1-4. Q28 days *Note: For use in light-chain amyloidosis*	✓	Pending
Rare Diseases (new sub-disease category**) – Palliative**			
SILT New Regimen	New evidence-informed regimen: for Multicentric Castleman's Disease • Siltuximab 11 mg/kg IV day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	✓
Rare Diseases (new sub-disease category**) – Adjuvant/Curative**			
CYTA New Regimen	New evidence-informed regimen: for Langerhans Cell Histiocytosis • Cytarabine 100 mg/m^2 IV days 1-5. Q28 days	✓	Pending
PREDVNBL(IND) New Regimen	New evidence-informed regimen: for Langerhans Cell Histiocytosis • **Induction:** Prednisone 40 mg/m^2/d (in 3 divided doses) PO days 1-28 (taper over days 29-42); vinBLAStine 6 mg/m^2 IV days 1, 8, 15, 22, 29, 36. Q42 days (Course 1) If non-active disease (NAD) after induction, proceed directly to maintenance. If active disease (AD) better or intermediate, continue with Course 2 below. Prednisone 40 mg/m^2/d (in 3 divided doses) PO days 43-45, 50-52, 57-59, 64-66, 71-73, 78-80; vinBLAStine 6 mg/m^2 IV days 43, 50, 57, 64, 71, 78. Q42 days (Course 2)	✓	Pending
MERCPREDVNBL(MNT) New Regimen	New evidence-informed regimen: for Langerhans Cell Histiocytosis • **Maintenance:** Start after course 1 if NAD, or after course 2 if AD better or intermediate. Mercaptopurine 50 mg/m^2/d PO x 12 months of total therapy; Prednisone 40 mg/m^2/d (in 3 divided doses) PO days 1-5 Q21 days x 12 months of total therapy; vinBLAStine 6 mg/m^2 IV day 1 Q21 days x 12 months of total therapy.	✓	Pending

PRIMARY UNKNOWN

Updated Section	Change Description	ST-QBP	DF
Palliative			

Updated Section	Change Description	ST-QBP	DF
CRBPPACL(W) Frequency	Updated frequency to q28 days to align with literature (previously: q21 days) and as discussed with DST Lead	✓	Pending

SUPPORTIVE CARE

Updated Section	Change Description	ST-QBP	DF
	Palliative		
PMDR(HYPER CA) Frequency	Updated frequency to "Single dose" to align with literature and clinical practice (previously: q28 days). Discussed with DST Lead.	✓	Pending
ZOLE(HYPER CA) Frequency	Updated frequency to "Single dose" to align with literature and clinical practice (previously: q28 days). Discussed with DST Lead.	✓	Pending

Updates from April 27, 2016

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Renal Cell – Palliative		
NIVL Funding Status	Updated funding status to blue to reflect access via universal compassionate program	✓	n/a

Updates from April 15, 2016

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Testis – Adjuvant/Curative/Neoadjuvant		
TIP Dose and Note	Updated Mesna pre- and post-ifosfamide dosing for consistency with published studies (previously: 1500 mg IV pre- and 500 mg PO fixed dose post-ifosfamide). Added note to state that "*Multiple TIP regimens exist with various dosing schedules. One example is:*"	Pending	✓

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
	Cervical – Neoadjuvant		
CRBPPACL(RT) New Regimen	New evidence-informed regimen: • CARBOplatin AUC 5 IV day 1; PACLitaxel 175 mg/m^2 IV day 1. Q21 days *Concurrent with low-dose radiation*	✓	Pending
	Germ Cell – Adjuvant/Curative/Neoadjuvant		
TIP New Regimen	New evidence-informed regimen: • *Multiple TIP regimens exist with various dosing schedules. One example is:* PACLitaxel 250 mg/m^2 IV day 1; mesna 500 mg/m^2 IV (pre-ifosfamide) days 2-5;	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	ifosfamide 1500 mg/m² IV days 2-5; CISplatin 25 mg/m² IV days 2-5; mesna 500 mg/m^2 IV (or 1000 mg/m^2 PO) at 4 and 8 hours post-ifosfamide, days 2-5. Q21 days		
BEP(5D)PACL New Regimen	New evidence-informed regimen: • Bleomycin 30 units fixed dose IV days 1, 8, 15; Etoposide 100 mg/m^2 IV days 1-5; CISplatin 20 mg/m^2 IV days 1-5; PACLitaxel 175 mg/m^2 IV day 1. Q21 days	✓	Pending
Ovarian – Palliative			
CRBPPACL+BEVA Note	Added a note to specify that bevacizumab starts in cycle 2 to align with NDFP funding criteria	✓	✓
OLAP New Regimen	New evidence-informed regimen: • Olaparib 400 mg PO BID – not currently publicly funded for this regimen and intent	✓	Pending
PACL(W)+BEVA New Regimen	New evidence-informed regimen: • PACLitaxel 80 mg/m^2 IV on Days 1, 8, 15, 22; Bevacizumab 10 mg/kg IV on Days 1, 15 – not currently publicly funded for this regimen and intent. Q28 days	✓	Pending
Vulvar – Palliative			
PACL New Regimen	New evidence-informed regimen: • PACLitaxel 175 mg/m^2 IV day 1 Q21 days	✓	Pending

Following are gynecological requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Endometrial – Adjuvant/Curative/Neoadjuvant and Palliative	
CRBPDOCE	CARBOplatin AUC 6 IV day 1; DOCEtaxel 75 mg/m^2 IV day 1. Q21 days x 6 cycles
Endometrial – Palliative	
GEMC	Gemcitabine 800 mg/m^2 IV days 1, 8. Q21 days
Gynecological Sarcoma – Palliative	
IRINTMZL	Irinotecan 20 to 50 mg/m^2 IV daily, days 1 to 5; Temozolomide 100 mg/m^2 PO daily, days 1 to 5 – not currently publicly funded for this regimen and intent. Q21 days
Vulvar – Palliative	
CISPPACL	CISplatin 50 mg/m^2 IV day 1; PACLitaxel 135 mg/m^2 IV day 1. Q21 days
CRBPPACL	CARBOplatin AUC 4-6 IV day 1; PACLitaxel 175 mg/m^2 IV day 1. Q21 days

HEAD & NECK

Updated Section	Change Description	ST-QBP	DF
Thyroid – Palliative			

Updated Section	Change Description	ST-QBP	DF
LENV New Regimen	New evidence-informed regimen: • Lenvatinib 24 mg PO daily – not currently publicly funded for this regimen and intent	✓	✓
SORA New Regimen	New evidence-informed regimen: • SORAfenib 400 mg PO BID – not currently publicly funded for this regimen and intent	✓	✓
	Palliative		
CAP New Regimen	New evidence-informed regimen: • Cyclophosphamide 500 mg/m^2 IV day 1; DOXOrubicin 50 mg/m^2 IV day 1; CISplatin 50 mg/m^2 IV day 1. Q21-28 days	✓	Pending
	Adjuvant/Curative & Palliative		
CRBPFU(RT) Schedule	Added as an alternative schedule: • CARBOplatin 70 mg/m^2 IV days 1-5, 29-33; Fluorouracil 600 mg/m^2/day CIV days 1-5, 29-33. Concurrent with radiotherapy	✓	Pending

Following are head & neck requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

	Thyroid – Palliative
GEMOX	Gemcitabine 1000 mg/m^2 IV Day 1; Oxaliplatin 100 mg/m^2 IV Day 1 – not currently publicly funded for this regimen and intent. Q14 days
	Palliative
GEMC(RT)	Gemcitabine 50 to 300 mg/m2 IV day 1. Q7 days Concurrent with radiotherapy

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia – Adjuvant/Curative		
RITU(IT) New Regimen	New evidence-informed regimen: • riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent	✓	Pending
	High Grade Lymphoma – Adjuvant/Curative		
RITU(IT) New Regimen	New evidence-informed regimen: • riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent	✓	Pending
	Intermediate Grade Lymphoma – Adjuvant/Curative		
RITU(IT) New Regimen	New evidence-informed regimen: • riTUXimab 25-40 mg IT once or twice weekly for up to 8 injections – not currently publicly funded for this regimen and intent	✓	Pending
	Hodgkin's – Adjuvant/Curative & Palliative		
GEMCPGLDXVINO New Regimen	New evidence-informed regimen: • Gemcitabine 1000 mg/m^2 IV days 1, 8; Pegylated Liposomal DOXOrubicin 15 mg/m^2 IV days 1, 8 – not currently publicly funded for this regimen and intent; Vinorelbine 20 mg/m^2 IV days 1, 8. Q21 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Alternative Schedule (for post-transplant patients): Gemcitabine 800 mg/m^2 IV days 1, 8; Pegylated Liposomal DOXOrubicin 10 mg/m^2 IV days 1, 8 – not currently publicly funded for this regimen and intent; Vinorelbine 15 mg/m^2 IV days 1, 8. Q21 days		
	Low-Grade Lymphoma – Palliative		
HYPERCVAD+RITU New Regimen	New evidence-informed regimen: *Adapted for outpatient administration* Course A: Cyclophosphamide 600 mg/m^2 IV days 1-3 (max dose 1320 mg); DOXOrubicin 50 mg/m^2 IV day 4*; vinCRIStine 1.4 mg/m^2 (max dose 2 mg) IV days 4* and 11; Dexamethasone 40 mg PO days 1, 2, 3, 4, 11, 12, 13, 14; riTUXimab 375 mg/m^2 IV day 1. Q21-28 days *some centres may administer on day 3 Course B: Inpatient	✓	Pending

Updates from April 11, 2016

BREAST

Updated Section	Change Description	ST-QBP	DF
	Palliative		
CRBP New Regimen	New evidence-informed regimen: • CARBOplatin AUC 6 IV day 1. Q21 days *Note: For use in triple negative or BRCA1/2 mutation-associated breast cancers*	✓	pending

LUNG

Updated Section	Change Description	ST-QBP	DF
	Mesothelioma – Palliative		
CISPPEME+BEVA New Regimen	New evidence-informed regimen: • CISplatin 75 mg/m^2 IV Day 1; Pemetrexed 500 mg/m^2 IV Day 1; Bevacizumab 15 mg/kg IV Day 1 – not currently publicly funded for this regimen and intent. Q21 days	✓	Pending
GEMC New Regimen	New evidence-informed regimen: • Gemcitabine 1250 mg/m^2 IV day 1, 8, 15. Q28 days	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Note: Approved as an alternative to pemetrexed-based therapy. GEMC should not be used in the second-line setting.		

Following are lung requests that did not receive recommendation to list as evidence-informed regimens:

Rare: Peritoneal Mesothelioma – Palliative	
CRBPGEMC	CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m2 IV days 1, 8, 15. Q28 days Alternative Schedule: CARBOplatin AUC 5 IV day 1; Gemcitabine 1000 mg/m2 IV days 1, 8. Q21 days
CRBPIRIN	CARBOplatin AUC 5 IV day 1; Irinotecan 50 mg/m^2 IV day 1, 8, 15; Q28 days

SKIN

Updated Section	Change Description	ST-QBP	DF
	Melanoma – Palliative		
DABRTRAM New Regimen	New evidence-informed regimen: • DaBRAFenib 150 mg PO BID – not currently publicly funded for this regimen and intent Trametinib 2 mg PO daily – not currently publicly funded for this regimen and intent	✓	✓

Following is a skin request that did not receive recommendation to list as an evidence-informed regimen:

Merkel Cell – Palliative	
CAV	cyclophosphamide 1000 mg/m^2 IV day 1; DOXOrubicin 50 mg/m^2 IV day 1; vinCRIStine 1.4 mg/m^2 (max 2 mg) IV day 1. Q21 days

Updates from April 7, 2016

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	High Grade and Burkitt's Lymphoma – Adjuvant/Curative		
MINIBEAM Route	Removed SC route from cytarabine portion of regimen (previously SC or IV)	✓	✓
HYPERCVAD Schedule and Note	Updated DOXOrubicin and vinCRIStine to be given on day 4* (previously day 3) and added a note that "*some centres may administer on day 3"	✓	pending
HYPERCVAD+RITU Schedule and Note	Updated DOXOrubicin and vinCRIStine to be given on day 4* (previously day 3) and added a note that "*some centres may administer on day 3"	✓	pending
	Intermediate Grade Lymphoma – Adjuvant/Curative		
MINIBEAM Route	Removed SC route from cytarabine portion of regimen (previously SC or IV)	✓	✓
	Acute Lymphoblastic Leukemia – Adjuvant/Curative		

Updated Section	Change Description	ST-QBP	DF
HYPERCVAD Note	Added a note for DOXOrubicin day 4 and vinCRIStine day 4 that "*some centres may administer on day 3"	✓	pending
HYPERCVAD+RITU Note	Added a note for DOXOrubicin day 4 and vinCRIStine day 4 that "*some centres may administer on day 3"	✓	pending
Acute Lymphoblastic Leukemia – Palliative			
CYTA(IT) Dose	Updated to cytarabine 50-70 mg IT every 4 days until CSF clear to align with fixed dose best practice in adult malignant hematology population (previously 30 mg/m^2 IT every 4 days until CSF clear)	✓	
Acute Myeloid Leukemia – Palliative			
CYTA(IT) Dose	Updated to cytarabine 50-70 mg IT every 4 days until CSF clear to align with fixed dose best practice in adult malignant hematology population (previously 30 mg/m^2 IT every 4 days until CSF clear)	✓	

Updates from April 4, 2016
SARCOMA

Updated Section	Change Description	ST-QBP	DF
Ewing's – Adjuvant/Curative & Palliative			
VACTC New Regimen	New evidence-informed regimen • vinCRIStine 1.5 mg/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 IV day 1. (Mesna: consider use – refer to local protocol) Q21 days *Note: This regimen may be used as an alternative to VAC when a lifetime maximal anthracycline dose has been reached, or anthracycline use is contraindicated*	✓	Pending
VAC Note	Added note "Mesna: consider use – refer to local protocol" to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m^2	✓	✓
Soft Tissue - Palliative			
VACTC Schedule	Added as an alternative schedule • vinCRIStine 1.5 mg/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 IV day 1. (Mesna: consider use – refer to local protocol) Q21 days	✓	Pending
Soft Tissue – Adjuvant/Curative & Palliative			
VACTC Note	Updated Mesna recommendation for standard dosing to state "consider use – refer to local protocol" (previously: Refer to mesna table below)	✓	Pending
VAC Note	Added note "Mesna: consider use – refer to local protocol" to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m^2	✓	✓
Gynecological Sarcoma – Palliative			
VAC Note	Added note "Mesna: consider use – refer to local protocol" to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m^2	✓	✓

Following are the sarcoma requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Soft Tissue – Palliative	
DCRB	Dacarbazine 1200 mg/m^2 IV day 1. Q21-28 days
Soft Tissue – Adjuvant/Curative	

Soft Tissue – Palliative	
VACTC	*Added as an alternative schedule* vinCRIStine 1.5 mg/m^2 (max 2 mg) IV day 1; DACTINomycin 1.25 mg/m^2 (max 2.5 mg) IV day 1; Cyclophosphamide 1200 mg/m^2 IV day 1. (Mesna: consider use – refer to local protocol) Q21days

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
Bladder/Urothelial - Palliative			
ETOP(PO) New Regimen	New evidence-informed regimen • Etoposide 50 mg PO BID days 1-14. Q21 days *For small cell variant*	✓	Pending
DOCE New Regimen	New evidence-informed regimen • DOCEtaxel 75 mg/m^2 IV day 1. Q21 days	✓	Pending
Testis – Adjuvant/Curative			
CRBP New Regimen	New evidence-informed regimen • CARBOplatin AUC 7 IV day 1. Q21 days x 1-2 doses	✓	Pending
BEP(5D)PACL New Regimen	New evidence-informed regimen • Bleomycin 30 units fixed dose IV days 1, 8, 15; Etoposide 100 mg/m^2 IV days 1-5; CISplatin 20 mg/m^2 IV days 1-5; PACLitaxel 175 mg/m^2 IV day 1. Q21 days x 4 cycles	✓	Pending
Testis – Palliative			
GEMCPACL New Regimen	New evidence-informed regimen • PACLitaxel 100 mg/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days	✓	Pending
Renal Cell – Palliative			
FU(CIV)GEMC New Regimen	New evidence-informed regimen • Gemcitabine 600 mg/m^2 IV days 1, 8, 15; Fluorouracil 150 mg/m^2/day CIV days 1 to 21. Q28 days	✓	Pending
NIVL New Regimen	New evidence-informed regimen • Nivolumab 3 mg/kg IV day 1 - not currently publicly funded for this regimen and intent. Q14 days	✓	Pending
SUNI Schedule	Added as an alternative schedule: • SUNItinib 50 mg PO days 1-14 Q21 days	✓	Pending
ZOLE New Regimen	New evidence-informed regimen • Zoledronic acid 4 mg IV day 1 Q21 days	✓	Pending
Prostate – Palliative			
CYCL(PO) New Regimen	New evidence-informed regimen • Cyclophosphamide 100 mg/m2/day PO days 1-14;	✓	Pending

	Q28 days		
ECF New Regimen	New evidence-informed regimen • EPIrubicin 50 mg/m^2 IV day 1; CISplatin 60 mg/m^2 IV day 1; Fluorouracil 200 mg/m^2/day CIV. Q21 days	✓	Pending

Following are genitourinary requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Bladder/Urothelial – Adjuvant/Curative	
DOXOGEMCPACL	Gemcitabine 900 mg/m^2 IV day 1; PACLitaxel 135 mg/m^2 IV day 1; DOXOrubicin 40 mg/m^2 IV day 1. Q14 days (up to 9 cycles)
Testis – Adjuvant/Curative	
GEMCPACL	PACLitaxel 100 mg/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days x 6 cycles

GYNECOLOGICAL

Updated Section	Change Description	ST-QBP	DF
Germ Cell – Palliative			
GEMCPACL New Regimen	New evidence-informed regimen • PACLitaxel 100 mg/m^2 IV day 1, 8, 15; Gemcitabine 1000 mg/m^2 IV days 1, 8, 15. Q28 days	✓	Pending
Gynecological Sarcoma – Palliative			
VAC Note	Added note "Mesna: consider use – refer to local protocol" to align with recommendation for consideration of use when cyclophosphamide dose is > 1 g/m^2	✓	✓

Updates from April 1, 2016

LUNG

Updated Section	Change Description	ST-QBP	DF
Non-Small Cell Lung Cancer - Palliative			
NIVL Funding Status	• Updated funding status to blue to reflect access via universal compassionate program	✓	n/a

Updates from March 31, 2016

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
Gastroesophageal - Palliative			
ECARBOX Funding Status	• Updated capecitabine to black text to reflect public funding	✓	n/a
ECX Funding Status	• Updated capecitabine to black text to reflect public funding	✓	n/a
EOX Funding Status	• Updated capecitabine to black text to reflect public funding	✓	n/a

Updates from March 30, 2016
GYNECOLOGY

Updated Section	Change Description	ST-QBP	DF
	Ovarian - Palliative		
BEVA Funding Status	• Updated funding status to black (for indication after combination with carboplatin/paclitaxel only) to reflect public funding	✓	✓
CRBPPACL+BEVA Funding Status	• Updated funding status to black to reflect public funding	✓	✓

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Myelogenous Leukemia - Palliative		
BOSU Funding Status	• Updated funding status to black to reflect public funding	✓	✓

Updates from March 24, 2016
CENTRAL NERVOUS SYSTEM
Following is a CNS request that did not receive recommendation to list as an evidence-informed regimen:

Palliative	
TMXF	Tamoxifen 20 mg PO BID; increasing by 20 mg PO BID weekly to a target dose of 80 mg PO BID in females and 100 mg PO BID in males

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	High Grade & Burkitt's Lymphoma - Adjuvant/Curative		
HYPERCVAD+RITU Code	Updated code to HYPERCVAD+RITU, previously HYPERCVAD+R	✓	n/a

PRIMARY UNKNOWN
Following is a primary unknown request that did not receive recommendation to list as an evidence-informed regimen:

Palliative	
CRBPIRIN	CARBOplatin AUC 5 IV day 1; Irinotecan 60 mg/m^2 IV day 1, 8, 15. Q28days

Updates from March 15, 2016
HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Lymphocytic Leukemia - Palliative		
IDEL+RITU Notes	Added note to (**Report as Regimen Code: IDEL after RITU portion is complete**)	✓	n/a

Updates from March 3, 2016

HEMATOLOGY

Updated Section	Change Description	ST-QBP	DF
	Chronic Lymphocytic Leukemia - Palliative		
ALEM+RITU Route	• Added IV route to rituximab 375 mg/m^2 IV weekly for 4 weeks. (previously left out in error)	✓	n/a
	Myeloma - Palliative		
CARF Schedule	• Removed schedules for cycles 13 and beyond (for consistency with published study)	✓	pending
CARFDEXALENA Schedule	• Added schedule for cycles 13-18, and 19 and beyond Cycles 13-18: Carfilzomib 27mg/m^2 IV days 1, 2, 15, 16 – Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28days Cycle 19 and beyond: (**Report as Regimen Code: DEXALENA**) Dexamethasone 40 mg PO/IV days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28days	✓	Pending
DEXALENA Route	• Added IV route to dexamethasone (previously in PO route only)	✓	n/a

SARCOMA

Updated Section	Change Description	ST-QBP	DF
	Kaposi's Sarcoma - Palliative		
PACL Dose	• Corrected dose to 100 mg/m^2 IV day 1 (previously 1,000 mg/m^2 in error)	✓	n/a

Updates from February 12, 2016

BREAST

Updated Section	Change Description	ST-QBP	DF
	Adjuvant/Curative		
AC-PACL(W) Schedule	Added an alternative schedule: • AC x 4 cycles, DOXOrubicin 60 mg/m^2 day 1, cyclophosphamide 600 mg/m^2 day 1, Q14 days, then PACLitaxel 80 mg/m^2 Q7 days		✓
DAC New Regimen	New evidence-informed regimen • DOXOrubicin 50 mg/m^2 IV day 1 Cyclophosphamide 500 mg/m^2 IV day 1 DOCEtaxel 75 mg/m^2 IV day 1 Q21 days	✓	✓
PACL(W)+TRAS Notes	Removed EBP criteria description in red: Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV - Only evidence-informed if used for patients with HER2 Positive node negative tumors less than or equal to 1cm (Evidence Building Program)	✓	n/a
ZOLE New Regimen	New evidence-informed regimen (supportive treatment) • Zoledronic acid 4 mg IV every 6 months for up to 3-5 years • Adjuvant zoledronic acid should be used in post-menopausal women only. This may include women who are prescribed GnRH analogs for ovarian suppression. In this case,	✓	✓

Updated Section	Change Description	ST-QBP	DF
	zoledronic acid should be given for the same duration as the GnRH analog. Ideally, treatment should be initiated within 12 weeks of completion of adjuvant chemo or radiation. However, consideration should be given to the late initiation of adjuvant zoledronic acid therapy to women who may have been eligible after December 2013, when the results of the systematic review were first presented.		
	Adjuvant/Curative & Palliative		
CISPETOP(3D) New Regimen	New evidence-informed regimen for small cell carcinoma • CISplatin 25 mg/m^2 IV days 1-3; Etoposide 100 mg/m^2 IV days 1-3. Q21 days *For Small Cell Carcinoma*	✓	Pending
CISPETOP(5D) New Regimen	New evidence-informed regimen for small cell carcinoma • CISplatin 20 mg/m² IV days 1-5; Etoposide 100 mg/m² IV days 1-5. Q21 days *For Small Cell Carcinoma*	✓	Pending
CRBPETOP(5D) New Regimen	New evidence-informed regimen for small cell carcinoma • CARBOplatin AUC 5 IV days 1; Etoposide 100 mg/m² IV days 1-5. Q21 days *For Small Cell Carcinoma*	✓	Pending
TRAS Loading Dose	Added loading dose to regimen details: • Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV (Previously trastuzumab 6 mg/kg IV)	✓	n/a
	Palliative		
CAPE Alternative Schedule	Added an alternative schedule: • Capecitabine 1000-1250 mg/m^2 PO BID days 1 – 7 Q14 days	✓	✓
CAPEDOCE Frequency	Updated frequency for capecitabine to PO BID (previously Q12 hours)	✓	
CAPELAPA Dose	Revised capecitabine dose to 1000 mg/m^2 BID days 1-14 (previously 1000-1250 mg/m^2)	✓	
CAV New Regimen	New evidence-informed regimen for small cell carcinoma • Cyclophosphamide 1000 mg/m² IV day 1; DOXOrubicin 50 mg/m² IV day 1; vinCRIStine 1.4 mg/m² IV day 1. Q21 days *For Small Cell Carcinoma*	✓	Pending
CISPGEMC(W) Dose	Updated gemcitabine dose to 750 mg/m^2 (previously 750-1000 mg/m^2).	✓	
DENO Funding status	Revised regimen text to red with note that there is no public funding for this regimen and intent	✓	
DOCE+PERT+TRAS Notes	Added note that in cycle 1 only, trastuzumab and DOCEtaxel may be given on day 2.	✓	
DOXO Dose	Added dosing range for DOXOrubicin 50 to 75 mg/m^2		✓
EVEREXEM Dose	Updated everolimus dose to 10 mg daily (5 mg may be considered for certain patients) (previously 5-10 mg daily)	✓	
FEC50 Dose	Updated epirubicin dose to 50 mg/m^2 and cyclophosphamide dose to 500 mg/m^2 (previously epirubicin 50-60 mg/m^2 and cyclophosphamide 500-600 mg/m^2)		✓
LPRL Typo correction	Updated to Q3 months (previously Q3 months)		

Updated Section	Change Description	ST-QBP	DF
NPAC+PERT+TRAS Notes	Added note that in cycle 1 only, trastuzumab and nab- PACLitaxel may be given on day 2.	✓	
NPAC(W)+PERT+TRAS Schedule	Updated nab-PACLitaxel schedule to days 1, 8; q21 days (previously day1, 8, 15, q21-28 days) Added note that in cycle 1 only, trastuzumab and nab-PACLitaxel may be given on day 2.	✓	✓
PACL(W) Schedule	ST-QBP: Updated standard schedule: PACLitaxel 80 mg/m² IV days 1, 8, 15 Q28 day (previously a range of 80-90 mg/m^2 was listed, and was an alternative schedule)		✓
PACL+PERT+TRAS Notes	Added note that in cycle 1 only, trastuzumab and PACLitaxel may be given on day 2.	✓	
PACL(W)+PERT+TRAS Notes	Added note that in cycle 1 only, trastuzumab and PACLitaxel may be given on day 2.	✓	
PACL(W)+PERT+T RAS Schedule	Updated PACLitaxel schedule to days 1, 8; q21 days (previously days 1, 8, 15; q28 days or days 1, 8; q21 days) Added note that PACLitaxel can be given on day 2 in cycle 1 only	✓	✓
PGLDX Text	Revised to Pegylated Liposomal DOXOrubicin ("pegylated" was previously omitted in error)	✓	
VINO Schedule	Updated standard schedule: • Vinorelbine 25-30 mg/m^2 days 1, 8, 15 Q28d (previously was an alternative schedule)		✓

Following are breast requests that <u>did not</u> receive recommendations to list as evidence-informed regimens:

Palliative	
DOCE(W)+PERT+TRAS	DOCEtaxel 35-40 mg/m^2 IV day 1, 8 Q21 days (alternative schedule day 1,8,15 Q28 days) PERTuzumab 840 mg IV loading dose followed by 420 mg IV day 1 Q21 days Trastuzumab 8 mg/kg IV loading dose followed by 6 mg/kg IV day 1 Q21 days
FLVSPALB	Fulvestrant 500 mg IM days 1, 15, 29 (loading dose) THEN Fulvestrant 500 mg IM day 1 – Not currently publicly funded for this regimen and intent; Palbociclib 125 mg PO daily days 1-21 – Not currently publicly funded for this regimen and intent. Q28 days

CENTRAL NERVOUS SYSTEM

Updated Section	Change Description	ST-QBP	DF
	Palliative		
CISPETOP(3D) Notes	Added note "For Small Cell Carcinoma"	✓	✓
CRBP New Regimen	Added new evidence-informed regimen • CARBOplatin AUC 6 IV, day 1 Q21 days	✓	Pending
CYCL New Regimen	Added new evidence-informed regimen • Cyclophosphamide 750 mg/m^2 IV Q4 weeks x 7 cycles THEN 750 mg/m^2 Q12 weeks x 4 additional cycles	✓	Pending

Following is a CNS request that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Palliative	
CISPETOP(5D)	Etoposide 100 mg/m^2 /day x 5 days CISplatin 20 mg/m^2 /day x 5 days Q21 days

GASTROINTESTINAL

Updated Section	Change Description	ST-QBP	DF
	Anal Canal - Palliative		
CAPECISP New Regimen	Added new regimen with note that CAPE is not publicly funded • CISplatin 60-80 mg/m^2 IV day 1; Capecitabine 1000 mg/m^2 PO Q12h days 1 to 14; – not currently funded publicly Q21days	✓	
FUMTMCRT Note	Updated note: Concurrent with radiation		✓
	Colorectal – Adjuvant/Curative		
FU(CIV-RT) Note	Updated: Concurrent with radiation		✓
	Colorectal - Palliative		
IRIN+CETU Schedule	Added Q21 to irinotecan schedule (previously the Q21 days was under cetuximab's weekly schedule): • Irinotecan 350 mg/m² IV Day 1 only Q21 days Cetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly	✓	
IRIN(Wx4)+CETU New regimen	Added new regimen: • Irinotecan 125 mg/m² IV Days 1, 8, 15, 22 Q42 days Cetuximab 400 mg/m² IV DAY 1 CYCLE 1 ONLY, then 250 mg/m² IV weekly	✓	
FU(W) Schedule	Updated fluorouracil schedule to 500 mg/m^2 IV days 1,8,15,22,29,36; Q56 days (previously listed in 500 mg/m^2 IV weekly, 6 weeks on 2 weeks off)	✓	
CAPE+BEVA Code	Updated regimen code to CAPE+BEVA (Previously CAPEBEVA)	✓	
CAPE Dose	Updated dose range to: • Capecitabine 1000-1250 mg/m^2 BID		✓
FOLFIRI Dose	Updated fluorouracil dose to: • Fluorouracil 2400 mg/m^2 CIV over 46h		✓
	Gastroesophageal - Adjuvant/Curative & Palliative		
CISPFU(RT) Alternative Schedule	Added alternative CISplatin schedule to CISPFU(RT) • CISplatin 15 mg/m^2 days 1-5		✓
	Pancreatic Adjuvant/Curative & Palliative		
FULCVR Dose	Updated 5-FU dosing range to: • Fluorouracil 400-425 mg/m^2 days 1-5		✓
	Small Bowel and Appendiceal – Adjuvant/Curative & Palliative		
CAPE, CAPE(RT), FOLFIRI, MFOLFOX6 New sub-diseases	Added to small bowel and appendix to sub-disease sites as per colorectal regimens		✓

GENITOURINARY

Updated Section	Change Description	ST-QBP	DF
	Bladder – Adjuvant/Curative		
FUMTMC(RT) Schedule	Updated schedule for fluorouracil: • Fluorouracil 500 mg/m^2 /day CIV over 24 hours, days 1-5, and 16-20 of radiation treatment (weeks 1 and 4) (Previously 22-26 of radiation treatment)	✓	Pending

Updated Section	Change Description	ST-QBP	DF
	Bladder – Palliative		
PACL(W) Alternative Schedule	Added alternative schedule: • PACLitaxel 80 mg/m² IV days 1, 8, 15, 22 Q28 day	✓	
	Bladder – Adjuvant/Curative & Palliative		
CISPGEMC Alternative Schedule	Updated alternative gemcitabine dose: • Gemcitabine 1000-1250 mg/m^2 (previously 1250 mg/m^2) days 1, 8 Q21 days.		✓
	Prostate – Adjuvant/Curative & Palliative		
TRIP Alternative Schedule	Added alternative schedule to TRIP regimen • Triptorelin 22.5 mg IM Q6 months	✓	
	Renal – Palliative		
DENO Funding Status	Updated DENO regimen in red text to indicate public funding not available	✓	

GYNECOLOGY

Updated Section	Change Description	ST-QBP	DF
	Cervical - Palliative		
CISPPACL+BEVA Code and Funding Status	• Updated bevacizumab to black text reflecting public funding	✓	
CRBPPACL+BEVA Dose Unit and Funding Status	• Updated code to CRBPPACL+BEVA, previously CRBPACL+BEVA (missing P) • Revised BEVA units to mg/kg (previously mg/m^2) • Updated bevacizumab to black text reflecting public funding	✓	
PACLTOPO+BEVA Funding Status	• Updated bevacizumab to black text reflecting public funding	✓	
	Ovarian – Adjuvant/Curative		
CRBPDOCE and CRBPPACL Dose	• Updated CARBOplatin dose range to AUC 5-6 (previously 4-6).	✓	✓
	Ovarian Palliative		
BEVA New Regimen	• Added as an evidence-informed regimen with note that it is not publicly funded: Bevacizumab 7.5mg/kg IV Day 1 (after combination with CARBOplatin/PACLitaxel) OR Bevacizumab 15 mg/kg IV Day 1 (after combination with CARBOplatin/gemcitabine) - Not currently publicly funded for this regimen and intent Q21 days For continuation of treatment following chemotherapy with bevacizumab.	✓	✓
CRBPGEMC+BEVA New Regimen	• Added as an evidence-informed regimen with note that bevacizumab is not publicly funded: CARBOplatin AUC 4 day 1; Gemcitabine 1000 mg/m^2 IV days 1, 8;	✓	✓

Updated Section	Change Description	ST-QBP	DF
	Bevacizumab 15 mg/kg IV day 1. Not currently publicly funded for this regimen and intent Q21 days		
CRBPPACL+BEVA Code	• Updated code to CRBPPACL+BEVA, previously CRBPACL+BEVA (missing P)	✓	
CRBPPACL(W) Dose	• Updated CARBOplatin dose to AUC 6, previously 4-6.	✓	Pending
LETR New Regimen	• Added as an evidence-informed regimen with note that it is not publicly funded. Letrozole 2.5 mg PO daily – Not currently publicly funded for this regimen and intent.	✓	Pending
VIP New Regimen	• Added VIP as an evidence-informed regimen: CISplatin 20 mg/m^2 IV days 1 to 5 Ifosfamide 1200 mg/m^2 IV days 1 to 5 Mesna (refer to mesna table) Etoposide 75 mg/m^2 IV days 1 to 5 Q21 days	✓	✓

Following are gynecology requests that <u>did not</u> receive recommendation to list as evidence-informed regimens:

Regimen	Sub-Disease Site	Intent	Regimen Details
CISPVINO	Vulvar	Palliative	CISplatin 80mg/m^2 IV day 1 Vinorelbine 25 mg/m^2 days 1, 8 Q21 days
CRBPDOCE	Endometrial	Adjuvant/Curative	CARBOplatin **AUC 5 IV day 1.** DOCEtaxel **75mg/**m^2 **IV day 1.** **Q21 days**

HEMATOLOGY

Type of Update	Change Description	ST-QBP	DF
	Acute Lymphoblastic Leukemia (ALL) Adjuvant/Curative & Palliative		
AALL1131(CONS) Dose	• Updated mercaptopurine dose: Suggested starting dose 60mg/m^2 (adjust dose based on thiopurine S-methyltransferase (TPMT) status) days 1-14, 29-42. (Previously listed as per chart on page 265 of the protocol, daily on days 1-14, 29-42)	✓	
CALGB8811(IND) Schedule	• Removed "day 1" from the L-asparaginase information (given on day 5)	✓	
	Acute Lymphoblastic Leukemia (ALL) Adjuvant/Curative		
ALL1131(MNT) Route	• Added PO as the drug route for prednisone • Added note: Omit IV methotrexate on days when IT methotrexate is given	✓	
ALL-R3(IND) Substitution Option	• Added note that PEG-asparaginase can be substituted with L- asparaginase	✓	
ALL-R3(CONS) Substitution, Dose, Schedule	• Added note that PEG-asparaginase can be substituted with L- asparaginase • Updated leucovorin abstract to 15 mg/m^2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m^2 IV x1, 24 hours)	✓	
ALL-R3(INT) Dose, Schedule	• Updated leucovorin abstract to 15 mg/m^2 IV at 48 and 54 hours after the start of methotrexate infusion (previously 48 mg/m^2 IV x 1, 24 hours) • Updated asparaginase information to: to 6,000 units/m^2 (previously listed mg/m^2)	✓	

Type of Update	Change Description	ST-QBP	DF
	• Updated prednisolone information to: 1% eye drops (previously listed 0.1%)		
ALL-R3(FLAD) Dose	• Updated prednisolone abstract to 1% eye drops (previously 0.1%)	✓	
ALL-R3(INTERIM MNT) Dose	• Added BID to dexamethasone (previously omitted in error)	✓	
ALL-R3(MNT C1-7) Schedule	• Updated full regimen abstract (previously an interim maintenance schedule was listed): Dexamethasone 3mg/m^2 PO BID on days 1-5 of weeks 1, 5, 9 vinCRIStine 1.5mg/m^2 (Max 2mg) IV on day 1 of weeks 1, 5, 9 Mercaptopurine 75mg/m^2 PO daily Methotrexate 12mg IT on day 1 of week 3 Methotrexate 20mg/m^2 PO once weekly (except on week of IT Methotrexate) Sulfamethoxazole/trimethoprim 400mg/80mg PO BID on 2 consecutive days of each week Fluconazole 400mg PO daily Repeat Q12 weeks for 7 cycles	✓	
CYTAMTRX(IT) New Regimen	• Listed as evidence-informed regimen (previously under palliative intent only)	✓	Pending
DANAFARBER(CNS) Dose	• Updated hydrocortisone dose to 15mg IT and added note that hydrocortisone dose of 50mg IT may be used based on local protocol	✓	
DANAFARBER(CONT) Dose	• Updated hydrocortisone dose to 15mg IT and added note that hydrocortisone dose of 50mg IT may be used as an alternative dose based on local protocol	✓	
DANAFARBER(INT) Dose	• Updated hydrocortisone dose to 15 mg IT and added note that hydrocortisone dose of 50mg IT may be used as an alternative dose based on local protocol	✓	
HYPERCVAD and HYPERCVAD+RITU Schedule	• Updated DOXOrubicin to day 4 (previously listed as day 3) • Updated vinCRIStine to days 4, 11 (previously listed as day 3, 11)	✓	
LINKER New Regimens	• Added as a new evidence-informed regimen: LINKER(IND), LINKER(CONS), LINKER(MNT) See website for full abstracts	✓	
Acute Lymphoblastic Leukemia (ALL) Palliative			
BLIN New Regimen	• Blinatumumab added as a new evidence-informed regimen (Public funding not available)	✓	
Acute Myeloid Leukemia (AML) Adjuvant/Curative			
3+7 Notes	• Added age parameter for cytarabine: If patient is less than or equal to 60 years, use 200 mg/m^2 /day CIV days 1-7	✓	
CYTAIDAR Dose, Schedule	• Updated cytarabine dose 200 mg/m^2 CIV days 1-7 (Previously 1400 mg/m^2 (total) CIV days 1-7)	✓	
CYTAMTRX(IT) New Regimen	• Listed as evidence-informed regimen (previously under palliative intent only)	✓	Pending
Acute Promyleocytic Leukemia (APL) Adjuvant/Curative & Palliative			
Tretinoin-containing regimens	• Revised tretinoin doses to "45 mg/m^2 /day for consistency (in 2 divided doses PO)", previously "22.5 mg/m^2 /day PO BID"		
Acute Promyleocytic Leukemia (APL) Adjuvant/Curative			
AMSACYTATRET Regimen Removal	• Removed as an evidence-informed regimen	✓	

Type of Update	Change Description	ST-QBP	DF
ATRAMERCMTRX New Intent	• Added regimen to Adjuvant/Curative intent (previously listed under Palliative only)		
ARSEATRA(CONS HI) Schedule	• Updated to tretinoin in cycle 2 to 45 mg/m^2 /d PO days 1-7, 15-21, 29-35 (Previously 45 mg/m^2 /d PO days 1-7, 15-24, 29-35)	✓	
Acute Promyleocytic Leukemia (APL) Palliative			
ATRAMERCMTRX Code, Route	• Updated regimen code, previously MERCMTRXTRET • Added PO as the drug route for mercaptopurine	✓	
Adult T-Cell Leukemia/Lymphoma (ATLL) Palliative			
ROMI Funding Status	• Removed text "not currently publicly funded" and changed text colour to black	✓	✓
Burkitt's Lymphoma Adjuvant/Curative			
EPOCH+RITU New Regimen	• Added as a new evidence-informed regimen riTUXimab 375 mg/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days Note: this is dose-adjusted EPOCH	✓	Pending
Chronic Lymphocytic Leukemia (CLL) Palliative			
ALEM_CLL1st Monograph Archival	• Archived regimen monograph; combined with ALEM_CLL		✓
ALEM(IV) New Regimen	• New evidence-informed regimen and noted that public funding is not available; universal compassionate access program available. ○ Week 1: ○ Alemtuzumab 3 mg IV (first dose), 10 mg IV (second dose), 30 mg IV (third dose) ○ Weeks 2 to 12: ○ Alemtuzumab 30 mg IV 3x weekly ○ For use in T-Cell Prolymphocytic Leukemia	✓	
ALEM Route, Schedule, Notes	• Updated route and schedule: ○ Week 1: ○ Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV/SC (second dose), 30 mg IV/SC (third dose). ○ Weeks 2 to 12: ○ Alemtuzumab 30 mg IV/SC 3x weekly ○ Use ALEM(IV) in T-Cell Prolymphocytic Leukemia	✓	Pending
ALEM+RITU schedule	• Updated schedule: ○ Week 1: ○ Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV/SC (second dose), 30 mg IV/SC (third dose). ○ Weeks 2 to 12: ○ Alemtuzumab 30 mg IV/SC 3x weekly	✓	Pending
BEND+RITU Schedule	• Updated riTUXimab schedule updated to 375 mg/m^2 IV day 1, cycle 1, then riTUXimab 500 mg/m^2 IV day 1, cycles 2 to 6 (previously listed as riTUXimab 375 mg/m^2 IV day 1)	✓	

Type of Update	Change Description	ST-QBP	DF
CHLO Dose, Schedule	• Added chlorambucil 6 mg/m^2 PO days 1-14 (previously schedule not specified)		✓
CVP	• Updated prednisone schedule to days 1-5 (previously listed as days 1-4)	✓	
FC-Containing Regimen Doses	• Updated Fludarabine IV and PO doses to 25mg/m^2 ○ FC ○ FC(PO) (previously listed at 24 mg/m^2) ○ FC(PO)+R ○ FC+R ○ FCM ○ FCM+R	✓	✓
FCM+ALEM New Regimen	• Added as a new evidence-informed regimen Fludarabine 25 mg/m^2 IV days 1-3; Cyclophosphamide 200 mg/m^2 IV days 1-3; mitoXANTRONE 8 mg/m^2 IV day 1 Q28 days Alemtuzumab week 1: Alemtuzumab 3 mg IV/SC (first dose), 10 mg IV (second dose), 30 mg IV (third dose) Weeks 2 t o12: Alemtuzumab 30 mg IV/SC 3 x weekly Not publicly funded. Universal compassionate access program available.	✓	Pending
IBRU Funding Status	• Removed "not publicly funded" note	✓	
IDEL+RITU Dose, Schedule	• Updated riTUXimab dosing schedule to 375 mg/m^2 IV day 1, week 1, then riTUXimab 500 mg/m^2 IV day 1, weeks 3, 5, 7, 9, 13, 17, 21 (total 8 infusions) (Previously riTUXimab 375 mg/m^2 IV cycle 1 day 1, 500 mg/m^2 cycle 1 day 15, cycle 2 day 1 & 15, 500 mg/m^2 IV cycles 2 to 6 day 1)	✓	✓
MTPR(HD) New Regimen	• Added as a new evidence-informed regimen Methylprednisolone 1 g/m^2 IV days 1-5 Q28 days	✓	Pending
Chronic Myelogenous Leukemia (CML) Palliative			
HYDR Dose	• Updated hydroxyurea dose range to 30 to 40 mg/kg (previously no range)		✓
PNAT New Regimen	• Ponatinib added as a new evidence-informed regimen Ponatinib 45 mg PO daily – Not currently publicly funded for this regimen and intent	✓	✓
Chronic Myelomonocytic and Myeloproliferative Leukemia (CMML) Palliative			
ANGR New Regimen	• Added as a new evidence-informed regimen Anagrelide 0.5 to 1 mg PO BID (or 0.5 mg PO QID), titrated to lowest effective dosage	✓	Pending
Hodgkin's Adjuvant/Curative			
BEACOPP Dose, Code	• Added that maximum dose for vinCRIStine is 2mg (ST-QBP) • Updated regimen monograph code (DF)	✓	✓
DHAP Schedule	• Updated CISplatin schedule to 100 mg/m^2 day 1 (previously CIV over 8 hours day 1)	✓	✓
ESHAP Drug, Dose	• Removed dexamethasone • Updated dose of cytarabine to 2,000mg/m^2 (previously listed at 200 mg/m^2)	✓	
OEPA-COPDAC Schedule	• Updated dacarbazine schedule to days 1-3 (previously listed at days 1-4)	✓	Pending

Type of Update	Change Description	ST-QBP	DF
	• Updated prednisone dose in COPDAC to 40 mg/m^2 (previously listed at 60 mg/m^2)		
OPPA-COPP Dose	• Updated prednisone dose in COPP to 40mg/m^2 (previously listed at 60mg/m^2) • Updated prednisone dose in OPPA to 60 mg/m^2 (previously listed at 40 mg/m^2)	✓	Pending
Hodgkin's Palliative			
CEP Frequency, Drug Addition	• Added chlorambucil 15 mg/m^2 days 1-4 (previously left out) • Updated full regimen schedule to Q42 days (previously Q42 days for lomustine and Q21 days for etoposide and prednisone)	✓	Pending
GEMC Dose and Schedule	• Updated dose to a range 1,000-1,250mg/m^2 (previously listed as 1,000mg/m^2) • Updated schedule to Q21 days OR days 1, 8, 15; Q28 days (previously only Q21 days schedule listed)	✓	Pending
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 Day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	Pending
High-Grade Lymphoma Adjuvant/Curative			
BEACOPP Dose	• Added that maximum dose for vinCRIStine is 1.4 mg/m^2 (max 2 mg) (previously listed at 1.4 mg/m^2)	✓	
CEOP Frequency	• Added frequency – Q21 days (previously left out)	✓	Pending
CEOP+RITU Frequency	• Added frequency – Q21 days (previously left out)	✓	Pending
CYTAMTRX(IT) New Regimen	• Listed as evidence-informed regimen (previously under palliative intent only)	✓	Pending
DHAP Frequency, Schedule	• Updated frequency to Q21-28 days (previously listed as Q28 days) • Updated CISplatin schedule to 100 mg/m^2 Day 1 (previously CIV over 8 hours day 1)	✓	✓
EPOCH+RITU Update	• Updated regimen abstract for consistency with Burkitt's Lymphoma riTUXimab 375 mg/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days Note: this is dose-adjusted EPOCH	✓	Pending
ESHAP Drug Removal	• Removed Dexamethasone	✓	
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 IV day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	Pending
High-Grade Lymphoma Palliative			
CVP Schedule	• Prednisone days updated to days 1-5 (previously listed as days 1-4)	✓	
CYTA(IT) Dose	• Updated dose to 50-70 mg (previously 30 mg/m^2)		
ETOP(PO) Route, Footnote	• Added drug route PO for etoposide and prednisone (was previously missing) • Added that regimen can be given with or without prednisone	✓	
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 IV day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	Pending
Intermediate-Grade Lymphoma Adjuvant/Curative			
BEACOPP Dose	• Added that maximum dose for vinCRIStine is 2mg (previously listed at 1.4 mg/m^2)	✓	

Type of Update	Change Description	ST-QBP	DF
CEOP Frequency	• Added frequency – Q21 days (previously left out)	✓	
CEOP+RITU Frequency	• Added frequency – Q21 days (previously left out)	✓	
CYTAMTRX(IT) New Regimen	• Listed as evidence-informed regimen (previously under palliative intent only)	✓	Pending
DHAP Frequency, Schedule	• Updated frequency to Q21-28 days (previously listed as Q28 days) • Updated CISplatin schedule to 100 mg/m^2 Day 1 (previously CIV over 8 hours day 1)	✓	✓
EPOCH+RITU Update	• Updated regimen abstract for consistency with High-Grade and Burkitt's Lymphoma riTUXimab 375 mg/m^2 IV day 1 (before starting EPOCH); Etoposide 50 mg/m^2 /day CIV days 1 to 4; vinCRIStine 0.4 mg/m^2 /day CIV days 1 to 4; DOXOrubicin 10 mg/m^2 /day CIV days 1 to 4; Cyclophosphamide 750 mg/m^2 IV day 5; Prednisone 60 mg/m^2 PO daily or BID days 1 to 5 Q21 days • Note: this is dose-adjusted EPOCH	✓	Pending
ESHAP Drug Removal	• Removed Dexamethasone	✓	
GDP Schedule	• Updated CISplatin schedule to 75 mg/m^2 IV day 1 (previously 75 mg/m^2 over 1 hour day 1)	✓	Pending
Intermediate-Grade Lymphoma Palliative			
CHLO Dose, Schedule	• Added chlorambucil 6mg/m^2 PO days 1-14 (previously schedule not specified)		✓
CVP(PO) Dose	• Updated dose for vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose range)		✓
CYTA(IT) Dose	• Updated dose to 50-70 mg (previously 30 mg/m^2)		
MTRX(PO) Dose	• Removed "in split doses" from regimen abstract	✓	
Low-Grade Lymphoma Palliative			
BAC+RITU New Regimen	• Added as a new evidence-informed regimen riTUXimab 375 mg/m^2 IV Day 1 Bendamustine 70 mg/m^2 IV Days 2 and 3 Cytarabine 500-800 mg/m^2 IV Days 2 to 4 Q28 days For use in Mantle-Cell Lymphoma	✓	Pending
BORT New Regimen	• Added as an evidence-informed regimen (Not publicly funded) Bortezomib 1.3 mg/m^2 IV / SC days 1, 4, 8, 11 – Not currently publicly funded for this regimen and intent Q21 days For use in Mantle-Cell Lymphoma	✓	✓
CHLO Dose, Schedule	• Added chlorambucil 6mg/m^2 PO days 1-14 (previously dose not specified)		✓
CHOP+R-DHAP+R Schedule	• Updated CISplatin schedule to 100 mg/m^2 Day 1 (previously CIV over 8 hours day 1)	✓	Pending
CVP, CVP+R Doses	• Updated doses for cyclophosphamide 750mg/m^2 IV day 1; vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose ranges)		✓
CVP(PO) Dose	• Updated dose for vinCRIStine 1.4 mg/m^2 IV day 1 (previously dose range)		✓

Type of Update	Change Description	ST-QBP	DF
FCM(PO) New Regimen	• Added FCM (PO) route as a new evidence-informed regimen Fludarabine 25 mg/m^2 PO days 1-5 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 150 mg/m^2 PO days 1-5; mitoXANTRONE 6 mg/m^2 IV day 1; Q28 days	✓	Pending
FCM(PO)+R New Regimen	• Added FCM(PO) route as a new evidence-informed regimen Fludarabine 25 mg/m^2 PO days 1-5 - Not currently publicly funded for this regimen and intent; Cyclophosphamide 150 mg/m^2 PO days 1-5; mitoXANTRONE 6 mg/m^2 IV day 1; riTUXimab 375 mg/m^2 IV day 1; Q28 days	✓	Pending
IDEL New Regimen	• Added as a new evidence-informed regimen Idelalisib 150 mg PO BID – until progression - Not currently publicly funded for this regimen and intent	✓	✓
MTRX(PO) Dose	• Removed "in split doses" from regimen abstract	✓	
Myeloma Palliative			
BORT Schedule and Notes	• Added a twice weekly alternative schedule: Bortezomib 1.3 mg/m^2 SC/IV days 1,4,8,11 Q21 days • Added optional dexamethasone dose and schedule: Dexamethasone 40 mg days 1-4 Q21 days. • Can be given with or without dexamethasone • Regimen may also be used for light-chain amyloidosis	✓	✓
BORTDEXAPOMA Note	• Added note that regimen may also be used for light-chain amyloidosis	✓	Pending
CARF New Regimen	• Added as a new evidence-informed regimen: Cycle 1: Carfilzomib 20mg/m^2 IV days 1, 2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent OR, if days 1 and 2 well tolerated: Carfilzomib 27 mg/m^2 IV days 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent Cycles 2-12: Carfilzomib 27 mg/m^2 IV days 1 ,2, 8, 9, 15, 16 – Not currently publicly funded for this regimen and intent Q28 days Cycles 13 and beyond: Carfilzomib 27 mg/m^2 IV days 1 ,2, 15, 16 – Not currently publicly funded for this regimen and intent Q28 days	✓	Pending
CARFDEXA New Regimen	• Added as a new evidence-informed regimen: Cycle 1: Carfilzomib 20mg/m^2 IV days 1, 2; - Not currently publicly funded for this regimen and intent Carfilzomib 27mg/m^2 days 8, 9 15, 16; - Not currently publicly funded for this regimen and intent	✓	Pending

Type of Update	Change Description	ST-QBP	DF
	Dexamethasone 20 mg PO days 1, 2, 8, 9, 15, 16, 22 and 23. Cycle 2 and beyond: Carfilzomib 27mg/m^2 IV days 1, 2, 8, 9 15, 16; - Not currently publicly funded for this regimen and intent Dexamethasone 20 mg PO days 1, 2, 8, 9, 15, 16, 22 and 23. Q28 days		
CARFDEXALENA New Regimen	• Added as a new evidence-informed regimen: Cycle 1: Carfilzomib 20mg/m^2 IV days 1, 2; - Not currently publicly funded for this regimen and intent Carfilzomib 27mg/m^2 IV days 8, 9 15, 16; -- Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28 days Cycle 2 and beyond: Carfilzomib 27mg/m^2 IV days 1, 2, 8, 9 15, 16; - Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO days 1, 8, 15, 22. Lenalidomide 25 mg PO days 1-21 Q28 days	✓	Pending
CYBORD Notes	• Updated regimen with note that regimen may also be used for light-chain amyloidosis		Pending
CYBORP Route	• Updated to Bortezomib 1.5 mg/m^2 IV or SC days 1, 8, 15		Pending
CYCLDEXATHAL New Regimen	• Added as a new evidence-informed regimen for light-chain amyloidosis: Cyclophosphamide 500 mg PO once weekly Thalidomide 200 mg PO daily - Not currently publicly funded for this regimen and intent Dexamethasone 40 mg PO days 1-4 and 9-12 Q21 days For light-chain amyloidosis	✓	Pending
CYCLDEXALENA New Regimen	• Added as a new evidence-informed regimen Cyclophosphamide 300mg/m^2 PO days 1, 8, 15; Dexamethasone 40 mg PO days 1, 8, 15, 22 ; Lenalidomide 25 mg PO days 1 to 21. Q28 days	✓	Pending
CYCLDEXAPOMA New Regimen	• Added as a new evidence-informed regimen: Cyclophosphamide 400 mg PO days 1, 8, 15; Dexamethasone 40 mg (or 20 mg) PO days 1, 8, 15, 2;2 Pomalidomide 4 mg PO days 1 to 21. Q28 days	✓	Pending
CYTAMTRX(IT) New Regimen	• Listed as evidence-informed regimen (previously under palliative intent only)	✓	Pending
DEXAPOMA Regimen code and Schedule	• Updated regimen code to DEXAPOMA (previously POMA) • Updated schedule to: Pomalidomide 4 mg PO days 1-21 Dexamethasone 20-40 mg PO days 1,8,15,22 (previously was days 1, 8, 15, 21)	✓	✓

Type of Update	Change Description	ST-QBP	DF
	Q28days		

Following is a hematology request that did not receive recommendation to list as an evidence-informed regimen:

Chronic Lymphocytic Leukemia (CLL) Palliative	
CHLO+OFAT	Chlorambucil 10 mg/m^2 PO daily on days 1-7 Q28 days OFAtumumab given intravenously as follows: Cycle 1, day 1: 300 mg Cycle 1, day 8: 1000 mg Cycles 2-12: 1000 mg q28 days

LUNG

Updated Section	Change Description	ST-QBP	DF
Non-Small Cell Lung Cancer - Palliative			
NIVL New Regimen	• Added NIVL as new evidence-informed regimen with note that public funding is not available ○ Nivolumab 3 mg/kg IV day 1 – Not currently publicly funded for this regimen and intent ○ Q14 days	✓	✓
All Sub-Diseases			
DENO	• Updated regimen colour to red text to indicate public funding is not available • Disease sites: NSC, SC, Mesothelioma, and Thymoma all in the palliative intents	✓	

Following is a lung request that did not receive recommendation to list as an evidence-informed regimen:

Mesotheliolma	
PEMB	Pembrolizumab 10 mg/kg IV Q14 days

PRIMARY UNKNOWN

Type of Update	Change Description	ST-QBP	DF
DENO Funding Status	Updated to red to indicate public funding is not available. • nab-PACLitaxel 100 mg/m^2 IV, days 1, 8, 15 – Not currently publicly funded for this regimen and intent; (days 1, 8, 15 were previously omitted in error) CARBOplatin AUC2 IV days 1, 8, 15. Q28 days	✓	Pending

SARCOMA

Updated Section	Change Description	ST-QBP	DF
Desmoid Tumour, Adjuvant/Curative			
MTRXVINO Dose and Schedule	• Updated methotrexate dose and schedule to 25mg/m^2 (previously 30 mg/m^2) days 1,8,15; • Updated vinorelbine to 25mg/m^2 (previously 20 mg/m^2) days 1,8,15 Q28d		✓
MTRXVNBL Schedule	• Updated MTRXVNBL schedule • Both drugs given day 1,8, 15, 22 Q28d (previously day 1, Q7-14 days)		✓
Ewing's Sarcoma Adjuvant/Curative & Palliative			

Updated Section	Change Description	ST-QBP	DF
VAC Dose **IE-VAC** Alternative Schedule	• Updated vinCRIStine dose to 1.5 mg/m^2 (max 2 mg) • Added an alternative to DOXOrubicin in VAC: 75 mg/m^2 IV days (dose may be split over 2 days) • Added an intensified schedule to the IE-VAC regimen: The intensified IE-VAC regimen consists of alternating ETOPIFOS and VAC q14 days. GCSF Prophylaxis is recommended with this regimen.	✓	✓
Ewing's Sarcoma Palliative			
IRINTMZL New Regimen	• Added IRINTMZL as an evidence-informed regimen Irinotecan 10-20 mg/m^2 IV day 1-5 and 8-12; Temozolomide 100 mg/m^2 PO day 1-5 – Not publicly funded for this regimen and intent Q21 days	✓	✓
CYCLTOPO Schedule	• Added "days" to frequency – Q21 days (previously left out in error)	✓	
PACL Schedule	• Added "days" to frequency – Q21 days (previously left out in error)	✓	
GIST, Palliative			
SUNI	• Added "days" to frequency – Q42 days (previously left out in error) • Updated dose to 50 mg (previously 37.5-50 mg) with note "consider a lower starting dose in elderly/frail patients"	✓	
Giant-Cell Tumour, Adjuvant/Curative			
DENO Schedule	• Updated frequency to Q28 days (previously "monthly") • Updated to red to indicate that the drug is not currently publicly funded	✓	
Kaposi's Sarcoma, Palliative			
PACL New regimen	• Added PACL as an evidence-informed regimen PACLitaxel 100mg/m^2 IV day 1 Q14 days	✓	Pending
PGLDX Schedule	• Updated cycle frequency to: Pegylated liposomal DOXOrubicin 20 mg/m^2 IV day 1, Q14 days (previously Q14-21 days)		✓
Mesothelioma, Palliative			
DENO Funding Status	• Updated DENO regimen to red text to indicate public funding is not available	✓	
Soft Tissue Sarcoma, Adjuvant/Curative & Palliative			
CYCLTOPO New Regimen	• Added CYCLTOPO as and evidence-informed regimens Cyclophosphamide 250mg/m^2 IV day 1 - 5 Topotecan 0.75mg/m^2 IV days 1 - 5 Q21 days	✓	Pending
VACTC New Regimen	• Added VACTC as an evidence-informed regimen vinCRIStine 1.5mg/m^2 (max 2mg) IV day 1; DACTINomycin 0.045mg/kg (max 2.5mg) IV day 1; Cyclophosphamide 1100mg/m^2 IV days 1 & 2; Mesna: Refer to mesna table in the document Q21 days For use in rhabdomyosarcoma	✓	Pending
DOXO Dose	• Updated dose to 50 to 75 mg/m^2 IV day 1 (previously listed 60-75 mg/m^2)		✓
DOXOIFOS Dose	• Updated DOXOrubicin and ifosamide doses Multiple regimens exist with various dosing and schedule. One option includes:	✓	✓

Updated Section	Change Description	ST-QBP	DF
	DOXOrubicin 25 mg/m^2 /day IV on days 1-3 (previously 50 mg/m^2 IV, day 1) Ifosfamide 2500 mg/m^2 /day IV on days 1-4 (previously 1667 mg/m^2 , days 1 to 3) Mesna: refer to the Mesna table Q21 days		
Wilm's Tumour, Adjuvant/Curative & Palliative			
DOX/DCTNVCR-CYCETOVCR New Regimen	• Added new evidence-informed regimen Weeks 1-6: vinCRIStine 1.5 mg/m^2 IV on day 1 of weeks 1-6 (max dose=2mg) DACTINomycin 0.045 mg/kg IV once on day 1 of week 1 (max dose=2.3mg) DOXOrubicin 45 mg/m^2 IV once on day 1 of week 4 Weeks 7-12: Cyclophosphamide 440 mg/m^2 IV daily on days 1-5 of weeks 7 and 10 Etoposide 100 mg/m^2 IV daily on days 1-5 of weeks 7 and 10 vinCRIStine 1.5 mg/m^2 IV on day 1 of weeks 8,9,11,12 (max dose=2mg) Weeks 13-33: On weeks 13, 16, 22, 28, and 31: vinCRIStine 2 mg IV once on day 1 of weeks 13, 16, 22, 28, and 31 DACTINomycin 0.02 mg/kg IV once on day 1 of weeks 13, 16, 22, 28, and 31 (max dose= 2.3 mg) DOXOrubicin 30 mg/m^2 IV once on day 1 of weeks 13, 16, 22, 28, 31 On weeks 19 and 25: Cyclophosphamide 440 mg/m^2 IV daily on days 1-5 of weeks 19 and 25 Etoposide 100 mg/m^2 IV daily on days 1-5 of weeks 19 and 25 Adults may be less likely to tolerate weekly vinCRIStine.	✓	pending

SKIN

Type of Update	Change Description	ST-QBP	DF
Melanoma - Palliative			
CRBPNPAC Schedule update	Updated schedule • nab-PACLitaxel 100 mg/m^2 IV, days 1, 8, 15 – Not currently publicly funded for this regimen and intent; (days 1, 8, 15 were previously omitted in error) CARBOplatin AUC2 IV days 1, 8, 15. Q28 days	✓	Pending
DCRB Schedule update	Updated schedule • Dacarbazine 1000 mg/m^2 IV day 1		✓
NIVL New regimen	Added as a new evidence-informed regimen and noted that nivolumab is funded through a Universal Compassionate Access Program. • Nivolumab 3mg/kg IV day 1. Q14 days Not publicly funded. Universal compassionate access program available.	✓	✓
NIVL+IPIL New regimen	Added as a new evidence-informed regimen and noted that nivolumab is not publicly funded • Ipilimumab 3mg/kg IV day 1; Nivolumab 1mg/kg IV day 1. – Not currently publicly funded for this regimen and intent Q21 days for four cycles THEN	✓	✓

Type of Update	Change Description	ST-QBP	DF
	Nivolumab 3mg/kg IV day 1. - Not currently publicly funded for this regimen and intent Q14 days		
TMZL Dose update	Updated dose • Revised temozolomide dose to 200 mg/m² (previously 150-200 mg/m²) – not currently funded publicly	✓	

Prior Updates from April 2014 to August 2015

Updated Section	Summary of Change	Date of Change
Palliative CLL	• Removed duplicate CHLO+OBIN regimen listed in red • See update from July 17 2015 re; funding for OBINutuzumab	August 11 2015
Palliative Colorectal	• IRIN(Q2W)+CETU regimen • Added alternative schedule: Irinotecan 180 mg/m² IV Day 1. Q14 days Cetuximab 400 mg/m² IV Day 1 CYCLE 1 ONLY, THEN 250 mg/m² IV weekly	July 22 2015
Palliative Breast	• DOXO(W) regimen • Added Q21 – 28 days	July 21 2015
Palliative Vulvar	• CRBP added as an evidence-informed regimen	July 17 2015
Palliative CLL	• CHLO+OBIN • Regimen is no longer listed in red as NDFP funds OBINutuzumab (effective July 17 2015) • Please refer to the NDFP eligibility criteria for drug funding details	Effective July 17 2015
Adjuvant Bladder	• Updated FUMTMC(RT) regimen • **Previously listed as**: Fluorouracil 500 mg/m²/day CIV over 24 hours, days 1-5, and 16-20; Mitomycin 12 mg/m² IV day 1 Concurrent with radiation over 5 weeks • **Updated to:** Fluorouracil 500 mg/m²/day CIV over 24 hours, days 1-5, and 22-26 of radiation treatment; Mitomycin 12 mg/m² IV day 1 Concurrent with radiation over 5 weeks	July 10, 2015
Palliative Head & Neck	• Updated CISPGEMC regimen, *alternative schedule*. • The gemcitabine dose was missing, it is now included.	July 7, 2015
Palliative Renal	• Updated IFNA+BEVA regimen – Bevacizumab dose • **Previously listed as**: Bevacizumab 10 mg/m² IV day 1 • **Updated to**: Bevacizumab 10 mg/kg IV day	July 7, 2015
Palliative Ovarian	• Updated TOPO(W) regimen • **Previously listed as:** Topotecan 4.0 • **Updated to:** Topotecan 4 (to avoid confusion with the dose, did not want 4.0 to be interpreted as 40)	July 7, 2015
Palliative LGL	• IBRU dose revision:	July 2, 2015

Updated Section	Summary of Change	Date of Change
	• **Previously listed as:** IBRUtinib 560 mg PO daily – Not currently publicly funded for this regimen and intent • **Updated to:** IBRUtinib 420 - 560 mg PO daily – Not currently publicly funded for this regimen and intent	
Palliative CLL	• IBRU dose revision: • **Previously listed as:** IBRUtinib 420-840 mg daily – Not currently publicly funded for this regimen and intent • **Updated to:** IBRUtinib 420 mg PO daily – Not currently publicly funded for this regimen and intent	July 2, 2015
Palliative Adrenal	• CAPEGEMC regimen – updated dose of Capecitabine • **Updated to**: Capecitabine 1,500 mg PO days 1-21 • **Previously listed as:**: Capecitabine 1,500 mg/m² PO BID days 1-21	June 29, 2015
Palliative Chronic Myelomonocytic Leukemia & Myeloproliferative	• Addition PGIFNA of as an evidence informed regimen	June 2015
Palliative CLL	• Addition of CHLO+OBIN as an evidence informed regimen	June 2015
Palliative CLL	• Addition of IDEL+RITU as an evidence informed regimen	June 2015
Palliative Myeloma	• Addition of POMA as an evidence informed regimen • Note: can be given with or without DEXA	June 2015
Palliative Myeloma	• Addition of BORTDEXAPOMA as an evidence informed regimen	June 2015
Palliative Myeloma	• Updated regimen abstract	June 2015
Palliative Myeloma	• Addition of VAD as an evidence informed regimen	June 2015
Palliative APL	• Updated regimen code for ATRAMERCMTRX • Was previously MERCMTRXTRET	June 2015
Palliative APL	• Addition of ARSE as an evidence informed regimen	June 2015
Adjuvant/Curative APL	• Updated regimen code for ARSEATRA(CONS LO/INT) • Was previously ARSEATRA(CONS LOW/INT) – the W was removed	June 2015
Adjuvant/Curative APL	• Updated regimen code for ARSEATRA(IND LO/INT) • Was previously ARSEATRA(IND)	June 2015
Adjuvant/Curative APL	• Updated regimen code for AMSAATRACYTA • Was previously AMSACYTATRET	June 2015
Adjuvant/Curative Hodgkin's	• Addition of OPPA-COPP as an evidence informed regimen	June 2015
Adjuvant/Curative Hodgkin's	• Addition of OEPA-COPDAC as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative T Cell Lymphoma	• Addition of CISP(RT-W)-VIPD as an evidence informed regimen	June 2015
Palliative High Grade Lymphoma	• Addition of GEMC as an evidence informed regimen	June 2015
Palliative Intermediate Grade Lymphoma	• Addition of GEMC as an evidence informed regimen	June 2015

Updated Section	Summary of Change	Date of Change
Palliative Low Grade Lymphoma	• Updated regimen code for CHOP+R-DHAP+R • Was previously missing the dash	June 2015
Palliative Low Grade Lymphoma	• Addition of GEMC as an evidence informed regimen	June 2015
Palliative Low Grade Lymphoma	• Addition of IDEL as an evidence informed regimen	June 2015
Palliative Low Grade Lymphoma & Hairy Cell Leukemia	• Addition of alternative schedule for CLAD	June 2015
Palliative Hodgkin's	• Addition of GDP as an evidence informed regimen	June 2015
Palliative Intermediate and High Grade Lymphoma	• Addition of GDP as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative Intermediate and High Grade Lymphoma	• Updated regimen code to CEPP(B) (previously CEPB) • Updated regimen abstract details (Etoposide schedule)	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of AALL1131(MNT) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of AALL1131(INTER MNT2) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of AALL1131(DELAYED INT) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of AALL1131(CONS) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of CALGB8811(CNS) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of CALGB8811(MNT) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of CALGB8811(LATE INT) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of CALGB8811(EARLY INT) as an evidence informed regimen	June 2015
Adjuvant/Curative and Palliative ALL	• Addition of CALGB8811(IND) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(MNT C8) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(MNT C1-7) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(INTERIM MNT) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(FLAD) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(INT) as an evidence informed regimen	June 2015

Updated Section	Summary of Change	Date of Change
Adjuvant/Curative ALL	• Addition of ALL-R3(CONS) as an evidence informed regimen	June 2015
Adjuvant/Curative ALL	• Addition of ALL-R3(IND) as an evidence informed regimen	June 2015
Palliative Melanoma	• Addition of CRBPPACL(W) as an evidence informed regimen	June 2015
Palliative Squamous Cell	• Addition of CETU as an evidence informed regimen	June 2015
Palliative Vulvar	• Addition of ERLO as an evidence informed regimen	June 2015
Palliative Endometrium	• Addition of PACL(W) as an evidence informed regimen	June 2015
Palliative Gynecologic Sarcoma	• Addition of DOXOIFOS as an evidence informed regimen	June 2015
Palliative Pancreatic	• Removal of red highlighting, NPAC now funded via NDFP	Effective April 17 2015
Palliative Prostate	• Addition of CYCL as an evidence informed regimen	June 2015
Palliative Renal Cell	• Addition of IFNA+BEVA as an evidence informed regimen	June 2015
Palliative Testis	• Addition of GEMOX as an evidence informed regimen	June 2015
Palliative Hepatobiliary	• Addition of CAPECISP as an evidence informed regimen	June 2015
Adjuvant/curative Gastroesophageal	• Addition of CAPE(RT) as an evidence informed regimen	June 2015
Adjuvant/curative Gastroesophageal	• Addition of alternative schedule to FULCVR(RT-GAST)	June 2015
All Disease Sites	• Removed red highlighting for DOCE, ZOLE, PMDR – drugs now funded through the STFM when evidence-informed, but not funded via PDRP for the indication	Effective April 1 2015
Palliative Mesothelioma Regimens	• Addition of DENO as an evidence informed regimen	December 16th, 2014
Palliative Primary Unknown Regimens	• Addition of DENO as an evidence informed regimen	December 16th, 2014
Palliative Renal Cell Regimens	• Addition of DENO as an evidence informed regimen	December 16th, 2014
Palliative Thymoma Regimens	• Addition of DENO as an evidence informed regimen	December 16th, 2014
Adjuvant/Curative Bladder/Urothelial Regimens	• Addition of CISPGEMC(W) as an evidence informed regimen	December 16th, 2014
Palliative Breast Regimens	• Addition of new main schedule for GEMC	December 16th, 2014
Palliative CLL Regimens	• Addition of DEXA(HD) and PRED(HD) as evidence informed regimens	December 16th, 2014
Palliative CNS Regimens	• Addition of CCV as an evidence informed regimen	December 16th, 2014
Palliative Gastroesophageal Regimens	• Addition of PACL+RAMU(W) as an evidence informed regimen	December 16th, 2014

Updated Section	Summary of Change	Date of Change
Palliative Melanoma Regimens	• Addition of PEMB as an evidence informed regimen	December 16th, 2014
Palliative Myeloma Regimens	• Addition of BORTDEXALENA as an evidence informed regimen	December 16th, 2014
Palliative Non-Small Cell Regimens	• Addition of CERI as an evidence informed regimen	December 16th, 2014
Adjuvant/Curative CNS Regimens	• Addition of TMZL as an evidence informed regimen	December 15th, 2014
Palliative Prostate Regiments	• Update to DOCE and DOCE(W)PRED) regimens	December 15th, 2014
Adjuvant/Curative and Palliative APL Regimens	• Addition of Adjuvant/curative and palliative APL regimens	December 15th, 2014
Palliative Ovarian Regimens	• Removal of "not publicly funded note" for TOPO(W) ○ Please see Oct 16th NDFP announcement	November 11th, 2014
Palliative GIST Regimens	• Removal of "not publicly funded note" for REGO ○ Please see Sept 26th NDFP announcement	November 11th, 2014
Palliative Myeloma Regimens	• Removal of "not publicly funded note" for LENA ○ Please see Sept 26th NDFP announcement	November 11th, 2014
Palliative Melanoma Regimens	• Removal of "not publicly funded note" for TRAM and DABR ○ Please see Aug 22nd NDFP announcement	November 11th, 2014
Palliative Hepatobiliary Regimens	• Addition of FU(IV-CIV)LCVR as an evidence informed regimen	October 23rd, 2014
Adjuvant/curative Non-small cell Lung Regimens	• Addition of CRBPGEMC as an evidence informed regimen	October 20th 2014
Palliative CNS Regimens	• Updated TMZL abstract ○ Addition of alternative schedule	October 14th 2014
Palliative Gastroesophageal Regimens	• Updated IRIN abstract ○ Additional of alternative schedule	October 14th 2014
Adjuvant/curative Anal Canal Regimens	• Addition of CAPEMTMC(RT) as an evidence informed regimen	October 14th 2014
Palliative Cervical Regimens	• Addition of CISPGEMC, CISPPACL, CISPPACL+BEVA, CISPTOPO, CRBPPACL, CRBPPACL+BEVA and PACLTOPO+BEVA as evidence informed regimens	October 14th 2014
Adjuvant/curative Head and Neck Regimens	• Addition of CRBP(RT-D) as an evidence informed regimen	October 14th 2014
Adjuvant/curative Non-small Cell Regimens	• Addition of CRBP(RT-D) and CRBPVNBL(RT) as evidence informed regimens • Updated CISPVNBL(RT) abstract ○ Addition of alternative schedule	October 14th 2014
Adjuvant/curative and Palliative Thymoma Regimens	• Addition of ADOC as an evidence informed regimen	October 14th 2014
Palliative Non-small Cell Regimens	• Updated CRBPPACL(W) abstract ○ Updated CRBP from AUC 6 to AUC 5-6	October 14th 2014

Updated Section	Summary of Change	Date of Change
	○ Updated PACL from 90 mg/m^2 to 80-90 mg/m^2 • Updated GEMC abstract ○ Addition of alternative schedule	
Palliative CLL Regimens	• Addition of note that universal access program is available for OFAT	October 14th 2014
Adjuvant/curative and Palliative High Grade Lymphoma	• Documents uploaded to webpage	October 14th 2014
Adjuvant/curative and Palliative AML	• Documents uploaded to webpage	October 14th 2014
Adjuvant/curative and Palliative ALL	• Documents uploaded to webpage	October 14th 2014
Palliative Ovarian Regimens	• Removed (MOD) from CISPGEMC regimen	August 15th, 2014
Adjuvant/curative Vulvar Regimens	• Addition of CISP(RT-W) as an evidence-informed regimen	August 15th, 2014
Adjuvant/curative and Palliative Ewing's and Soft Tissue	• Documents for adjuvant/curative and palliative Ewing's and Soft Tissue added to the webpage	August 8th, 2014
Palliative Colorectal	• Regimen name change: CAPEBEVA was changed to CAPE+BEVA	August 8th, 2014
Palliative Low Grade and Hairy Cell Leukemia	• Updated CLAD and CLAD+RITU abstract ○ Addition of note that riTUXimab can be given concurrently or following Cladribine ○ riTUXimab covered for 4 - 8 weeks	August 8th, 2014
Adjuvant/Curative and Palliative Gastroesophageal Regimens	• Updated CISPFU and CRBPFU abstracts ○ Cycle frequency updated to Q21-28 days • Updated CISPFU(RT) abstracts ○ Addition of alternative schedule	August 5th, 2014
Adjuvant/Curative and Palliative Gastroesophageal Regimens	• Addition of CAPECRBP and CAPECISP as evidence informed regimens for palliative gastroesophageal	August 5th, 2014
Adjuvant/Curative and Palliative Pancreatic Regimens	• Addition of FU(CIV-RT) to palliative pancreatic regimen list	July 30th, 2014
Adjuvant/Curative Hepatobiliary Regimens	• Updated regimen code CISPGEMC to CISPGEMC(W) • Updated GEMC abstracts ○ Alternative 7/8 schedule is supported	July 23rd, 2014
Palliative Hepatobiliary Regimens	• Updated CISPGEMC(W) ○ Addition of alternative schedule ○ Removed CISPGEMC as a code • Updated GEMC abstract to state alternative 7/8 schedule is supported	July 23rd, 2014

Updated Section	Summary of Change	Date of Change
Adjuvant/Curative and Palliative Pancreatic Regimens	• Updated GEMC abstract to state the 7/8 schedule is supported	July 23th, 2014
Adjuvant/Curative and Palliative Hodgkin's Lymphoma Regimens	• Updated adjuvant/curative and palliative COPP abstracts ○ Addition vinCRIStine schedule (days 1 and 8) ○ Clarified Procarbazine dose is 100mg/m^2 /day	July 17th, 2014
Adjuvant/Curative and Palliative (course of treatment) Intermediate Grade Lymphoma	• Regimen name change: CEOP(PO) to CEOP and CEOP(PO)+RITU to CEOP+RITU	July 3rd, 2014
Adjuvant/curative Gynecological Regimens	• Uploaded document for GTD regimens	June 30th, 2014
Palliative T Cell Lymphoma	• Addition of ROMI as an evidence-informed regimen	June 25rd, 2014
Palliative Myeloma	• Updated MPT abstract ○ Addition of alternative schedule	June 25rd, 2014
Adjuvant/Curative and Palliative (course of treatment) Intermediate Grade Lymphoma	• Addition of CEOP(PO)+RITU and CEOP(PO) as evidence-informed regimens	June 25rd, 2014
Palliative Breast Regimens	• Addition of NPAC(W)+PERT+TRAS and NPAC+PERT+TRAS as evidence-informed regimens	June 25rd, 2014
All Evidence Informed Regimen Documents	• Update to all documents to include the following disclaimer: *It is expected that the prescribing oncologist will select the regimen from the list of evidence-informed regimens that is most appropriate for their patient taking account of a variety of disease-specific and patient-related factors*	June 25rd 2014
Palliative Ovarian Regimens	• Addition of CRBPACL+BEVA as an evidence-informed regimen	June 25rd, 2014
Palliative Anal Canal Regimens	• Addition of anal canal as a sub-disease for palliative intent ○ Regimen added: CISPFU	June 25th, 2014
Palliative Head and Neck Regimens	• Addition of thyroid as a sub-disease for palliative head and neck cancers	June 25th, 2014
Clinical Trials List	• Update to the clinical trials list to include trials requested in Q1_2014-15	June 25th, 2014
Systemic Treatment Funding Model Clinical Trial Request Form	• New request form posted	June 25th, 2014
Palliative Colorectal	• Updated FOLFIRI+CETU to note that CETU is not currently publicly funded for this regimen and intent	June 20th, 2014
Palliative Adrenal Regimens	• Addition of CAPEGEMC as an evidence-informed regimen	June 6th, 2014
Adjuvant/Curative and Palliative (course of	• Updated CRBPPACL abstract ○ Updated CARBOplatin from AUC 5 to AUC 5-6, and PACLitaxel dose from 200-225 mg/m^2 to 175-200 mg/m^2	June 2nd, 2014

Updated Section	Summary of Change	Date of Change

treatment) NSCLC Regimens	• Updated CRBPETOP(RT) abstract
	  ○ Addition of alternative schedule
	  ○ Updated Etoposide dose from 100 mg/m^2 days 1-3 to 50 mg/m^2 days 1-5, and changed from Q21 to Q28 days	

Palliative NSCLC Regimens	• Updated AFAT abstract
	  ○ Removed Q21 days
	• Updated CRBPPACL abstract
	  ○ Changed CARBOplatin AUC 5 to AUC 5-6, and PACLitaxel dose from 200-225 mg/m^2 to 175-200 mg/m^2
		June 2nd, 2014

Palliative Breast Regimens	• Funding update: KADC is publicly funded as of May 28th, 2014	May 28th, 2014
Palliative Prostate Regimens	• Regimen name change: KETOPRED was changed to HCKETO	May 27th, 2014
Palliative Prostate Regimens	• Addition of DOCEPRED and DOCE(W)PRED as evidence-informed regimens	April 4th, 2014