

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

CRBPGEMC+NIVL Regimen

CARBOplatin-Gemcitabine-Nivolumab

Disease Site

Lung
Non-Small Cell

Intent

Neoadjuvant

Regimen Category
Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Neoadjuvant treatment for resectable non-small cell lung cancer in patients with tumours that are ≥ 4 cm in size or are node positive, and who have good performance status.* (An alternative for patients who cannot receive cisplatin)

*Refer to NDFP form for eligibility criteria

**Supplementary
Public Funding****[nivolumab](#)**

New Drug Funding Program (Nivolumab - Neoadjuvant Treatment for Non-Small Cell Lung Cancer)

[back to top](#)**B - Drug Regimen**

nivolumab ¹	4.5 mg /kg	IV (max 360 mg)	Day 1
gemcitabine	1000 mg /m ²	IV	Days 1 and 8
CARBOplatin	AUC 5 to 6	IV	Day 1

¹Dosing based on NDFP funding criteria[back to top](#)**C - Cycle Frequency****REPEAT EVERY 21 DAYS**

For a total of 3 cycles unless disease progression or unacceptable toxicity

[back to top](#)

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC \geq 5)
Low (Day 8)

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

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Nivolumab Pre-medications (prophylaxis for infusion reaction):

- Routine pre-medication is not recommended.
- May consider pre-medication with antipyretics and H1-receptor antagonists if an IR has occurred in the past.

[back to top](#)

J - Administrative Information

Approximate Patient Visit	Day 1: 2 hours; Day 8: 0.75 hour
Pharmacy Workload (average time per visit)	33.34 minutes
Nursing Workload (average time per visit)	45.4167 minutes

[back to top](#)

K - References

Carboplatin drug monograph, Ontario Health (Cancer Care Ontario).

Forde PM, Spicer J, Lu S, et al. Neoadjuvant nivolumab plus chemotherapy in resectable lung cancer. *N Engl J Med*. 2022 May 26;386(21):1973-85.

Gemcitabine drug monograph, Ontario Health (Cancer Care Ontario).

July 2024 new ST-QBP regimen

[back to top](#)

L - Other Notes

Calvert Formula

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756)

[back to top](#)

M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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

The format and content of the drug monographs, regimen monographs, appendices and symptom management

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[back to top](#)