Regimen Monograph

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

A - Regimen Name

CRBPPACL+PEMB Regimen

PACLitaxel-CARBOplatin-Pembrolizumab

Disease Site

Gynecologic
Cervix

Intent

Palliative

Regimen Category

Evidence-informed :

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

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

Rationale and Uses

For treatment of patients with persistent, recurrent, or metastatic cervical cancer whose tumours express PD-L1 (CPS ≥1), as determined by a validated test.
Treatment is only for patients:

- who have not received prior systemic chemotherapy for metastatic or advanced disease,

- who have a good performance status,
- whose disease is not amenable to curative treatment, and
- who do not have active central nervous system (CNS) metastases or significant autoimmune disease

Supplementary Public Funding	**pembrolizumab** New Drug Funding Program (Pembrolizumab - Metastatic, Persistent, or Recurrent Carcinoma of the Cervix) (NDFP Website)

back to top

B - Drug Regimen

pembrolizumab^	2 mg /kg	IV (max 200 mg)	Day 1
PACLitaxel	175 mg /m²	IV	Day 1
CARBOplatin	AUC 5*	IV	Day 1

^Dosing based on NDFP funding criteria. Alternative dosing schedule: pembrolizumab 4mg/kg (max 400mg) IV q6 weeks.

*Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in "Other Notes" section

back to top

C - Cycle Frequency

REPEAT EVERY 21 DAYS unless disease progression or unacceptable toxicity occurs

CRBPPACL+PEMB is usually given for 6 cycles, followed by pembrolizumab maintenance. (Chemotherapy may be continued beyond 6 cycles for patients with ongoing benefit and without unacceptable side effects.)

If chemotherapy is discontinued for toxicity, pembrolizumab treatment may continue (up to 35 doses of pembrolizumab in total given every 3 weeks, or 18 doses given every 6 weeks).

Refer to PEMB(MNT) for the maintenance phase of treatment.

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen:

Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

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.

Pre-medications (prophylaxis for infusion reaction):

Paclitaxel*:

- Dexamethasone 20 mg PO 12- and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion†
- Diphenhydramine 25-50 mg IV/PO 30-60 minutes pre-infusion
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion

*Consider discontinuing pre-medications for paclitaxel if there was no IR in the first 2 doses.

†Oral and IV dexamethasone are both effective at reducing overall IR rates. Some evidence suggests that oral dexamethasone may be more effective for reducing severe reactions; however, adverse effects and compliance remain a concern.

Carboplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduce infusion reaction (IR) rates.
- Corticosteroids and H1-receptor antagonists ± H2-receptor antagonists **may** reduce IR rates for some patients (e.g. gynecological patients with a platinum-free interval (PFI) > 12 months or a history of drug allergy who are receiving carboplatin starting from the 7th cycle) but no optimal pre-medication regimen has been established.

Pembrolizumab:

- Routine pre-medication is not recommended.
- May consider antipyretic and H1-receptor antagonist in patients who experienced a grade 1-2 infusion reaction.

Other Supportive Care:

- Avoid the use of corticosteroids or immunosuppressants before starting pembrolizumab treatment. Corticosteroids may be used as premedication (e.g. antiemetic) when given with chemotherapy.

back to top

J - Administrative Information

Approximate Patient Visit	5-6 hours
Pharmacy Workload (average time per visit)	39.6325 minutes
Nursing Workload (average time per visit)	69.833 minutes

back to top

K - References

CADTH reimbursement recommendation: Pembrolizumab (treatment of adult patients with persistent, recurrent, or metastatic cervical cancer whose tumours express PD-L1 (CPS ≥ 1), as determined by a validated test, in combination with chemotherapy with or without bevacizumab). December 2022.

Colombo N, Dubot C, Lorusso D, et al. Pembrolizumab for persistent, recurrent, or metastatic cervical cancer. N Engl J Med. 2021 Nov 11;385(20):1856-1867. doi: 10.1056/NEJMoa2112435

June 2023 Added pembrolizumab NDFP form; Modified Rationale/uses, Drug regimen, Cycle frequency and Premedications/supportive measures sections

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

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Regimen Monographs

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

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

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

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back to top