

Regimen Monograph

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A - Regimen Name

EVER Regimen

Everolimus

Disease Site Lung - Neuroendocrine (Lung)**Intent** Palliative**Regimen Category** **Evidence-informed :**

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

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

Rationale and Uses Treatment of unresectable, locally advanced or metastatic, well-differentiated, non-functional neuroendocrine tumours (NET) of lung origin in adults with progressive disease**Supplementary Public Funding** [everolimus](#)
Exceptional Access Program (everolimus - Treatment of unresectable, locally advanced or metastatic, well-differentiated non-functional neuroendocrine tumours (NETs) of GI or lung origin, according to clinical criteria)

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B - Drug Regimen

[everolimus](#) 10 mg PO Daily

(Outpatient prescription in 2.5 mg, 5 mg or 10 mg tablets)

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C - Cycle Frequency

CONTINUOUS TREATMENT

Until disease progression, no evidence of further response, or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Other Supportive Care:

Manage stomatitis with non-irritant oral rinses. Antifungal agents should not be used unless an oral fungal infection has been diagnosed.

Consider the use of PJP prophylaxis when concomitant use of corticosteroids or other immunosuppressants are required

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

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Everolimus drug monograph, Cancer Care Ontario.

Yao J, Fazio N, Singh S, et al . Everolimus for the treatment of advanced, non-functional neuroendocrine tumours of the lung or gastrointestinal tract (RADIANT-4): a randomised, placebo-controlled, phase 3 study. *Lancet* 2016;5;387(10022):968-77.

Yao J, Shah, M, Tetsuhide I, et al. Everolimus for advanced pancreatic neuroendocrine tumours. *N Engl J Med* 2011; 364: 514-23.

May 2019 Updated emetic risk category

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M - Disclaimer

Regimen Abstracts

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

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Regimen Monographs

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

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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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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