

Pembrolizumab 200 mg + carboplatin AUC 5 / paclitaxel → AC

NCCP 00857 · Source reconciled; independent oncology, pharmacy and patient/PPI review pending

PRACTICAL TREATMENT GUIDE

Your practical treatment plan

Four 21-day cycles: paclitaxel on Days 1, 8 and 15; carboplatin AUC 5 on Day 1. Pembrolizumab 200 mg on Day 1 of each cycle (every three weeks). Four further cycles (cycles 5–8): doxorubicin and cyclophosphamide on Day 1 every 21 days. Pembrolizumab 200 mg on Day 1 of each AC cycle. After surgery: pembrolizumab 200 mg every 21 days for nine doses OR 400 mg every 42 days for five doses. These are alternative schedules, not consecutive courses. Progression preventing definitive surgery or unacceptable pembrolizumab toxicity changes this plan; postoperative treatment is not automatic.

STEP 1

Before the first visit

Blood tests, ECG and cardiac review, medicines review, fertility discussion where relevant and the consent conversation come first. Include the prescribed immune baseline checks.

STEP 2

Plan venous access

A cannula, PICC or implanted port may be used. If a port is chosen, a trained team inserts it in a separate procedure with local anaesthetic and sometimes sedation; the team explains fasting, blood-thinner and wound instructions.

STEP 3

Infusion day

Trained staff check and access the line, give the prescribed premedicines and infusions, and monitor for reactions. Tell the nurse immediately about pain, burning, rash or breathlessness.

STEP 4

Home and next review

This regimen does not routinely need a take-home infusion pump. Staff disconnect the infusion; a port is de-accessed when appropriate. Keep line-care and next-visit instructions.

Port insertion and removal

The line team explains placement, dressing care and when normal activities can resume. A port is accessed with a special needle during treatment. Removal of the implanted device is a separate planned procedure when no longer needed; do not remove or adjust it yourself.

PICC care and urgent line symptoms

A PICC usually needs regular dressing and flushing appointments even between treatments. Fever, redness, swelling, pain, leakage or damage requires prompt advice. Your hospital supplies the exact care instructions.

Visit time and transport

Visits include assessment, pharmacy preparation, premedicines, infusions and observation. The first visit and a change in phase can take longer. Ask about transport and any escort needed after sedation or line insertion.

Sources: [NCCP 00857 v3 · official regimen](#) · [eviQ · PICC patient information](#) · [eviQ · implanted port patient information](#). Source reconciled; independent oncology, pharmacy and patient/PPI review pending.