# **Regimen Reference Order**

## ESOPH – pembrolizumab + CISplatin + fluorouracil

ARIA: ESOPH - [pembro + CISplatin + 5FU]
ESOPH - [pembro q21d (maintenance)]
ESOPH - [pembro q42d (maintenance)]

Planned Course: pembrolizumab + CISplatin + fluorouracil every 21 days for 6 cycles,

followed by maintenance pembrolizumab:

pembrolizumab every 21 days up to 29 cycles or until disease progression or unacceptable toxicity

(maximum 2 years of therapy total)

OR

pembrolizumab every 42 days up to 15 cycles or until disease progression or unacceptable toxicity

(maximum 2 years of therapy total)

Indication for Use: Esophageal Cancer/Gastroesophageal Junction Tumor; Metastatic

Drug Alert: Immune Checkpoint Inhibitor (pembrolizumab)

CVAD: Required (Ambulatory Pump)

## Proceed with treatment if:

#### Cycles 1 to 6

- ANC equal to or greater than 1.5 x  $10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$
- AST/ALT equal to or less than 3 times the upper limit of normal
- Total bilirubin equal to or less than 1.5 times the upper limit of normal
- Creatinine clearance is greater than 45 mL/minute

#### pembrolizumab Maintenance

- ANC equal to or greater than 1.5 x  $10^9/L$  AND Platelets equal to or greater than  $50 \times 10^9/L$
- AST/ALT equal to or less than 3 times the upper limit of normal
- Total bilirubin equal to or less than 1.5 times the upper limit of normal
- Creatinine clearance is equal to or greater than 30 mL/minute
  - Contact Physician if parameters are not met

## **SEQUENCE OF MEDICATION ADMINISTRATION**

Pre-treatment Requirements				
	Drug	Dose	CCMB Administration Guideline	
Not Applicable				



D	D	CCMB Administration Guideline
Drug	Dose	
Cycles 1 to 6 – pemb	rolizumab + CISplatin +	fluorouracil
pembrolizumab	2 mg/kg	IV in normal saline 50 mL over 30 minutes  Use 0.2 or 0.22 micron filter
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy
CISplatin	80 mg/m <sup>2</sup>	IV in normal saline 500 mL over 1 hour  *Alert: CISplatin infusion must be complete prior to mannitol administration
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
fluorouracil	4000 mg/m <sup>2</sup>	IV in D5W continuously over 96 hours by ambulatory infusion device
pembrolizumab Mair	ntenance starts three w	veeks after Cycle 6, Day 1
pembrolizumab Mainte	enance (Cycles 1 to 29 OR	Cycles 1 to 15)
pembrolizumab	2 mg/kg (every 21 days) OR	IV in normal saline 50 mL over 30 minutes  Use 0.2 or 0.22 micron filter
	4 mg/kg (every 42 days)	IV in normal saline 100 mL over 30 minutes Use 0.2 or 0.22 micron filter

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'



## REQUIRED MONITORING

#### All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin, glucose and TSH as per Physician Orders
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is required after pembrolizumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

## Cycles 1 to 6 Only

• Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

Recommended Support Medications						
Drug	Dose	CCMB Administration Guideline				
pembrolizumab + CISplatin + fluorouracil (Cycles 1 to 6)						
aprepitant	80 mg	Orally once daily on Days 2 and 3				
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4				
OLANZapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled				
pembrolizumab Maintenance						
None required						

## **DISCHARGE INSTRUCTIONS**

#### All Cycles

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- · Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
  - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

## Cycles 1 to 6

- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy



## **ADDITIONAL INFORMATION**

- pembrolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- CISplatin is ototoxic and nephrotoxic
- · CISplatin can cause hypomagnesemia
- Note: Upon completion of 6 cycles of ESOPH [pembro + CISplatin + 5FU], patients should be started on maintenance treatment with ESOPH [pembro q21d (maintenance)] or ESOPH [pembro q42d (maintenance)]
  - ESOPH [pembro q21d (maintenance)] or ESOPH [pembro q42d (maintenance)] regimen starts three weeks after Cycle 6, Day 1 of ESOPH - [pembro + CISplatin + 5FU]

