

Regimen Reference Order – ESOPH – pembrolizumab + XELOX

ARIA: ESOPH - [pembrolizumab + XELOX]

ESOPH - [pembro q21d (maintenance)]

ESOPH - [pembro q42d (maintenance)]

Planned Course: pembrolizumab + XELOX 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: At Provider's discretion

Proceed with treatment if:

Cycles 1 to 6

- *ANC equal to or greater than $1.5 \times 10^9/L$ 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 equal to or greater than 30 mL/minute*

pembrolizumab Maintenance

- *ANC equal to or greater than $1.5 \times 10^9/L$ 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 not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – ESOPH – pembrolizumab + XELOX

Establish primary solution 500 mL of: D5W

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 6 – pembrolizumab + XELOX		
pembrolizumab	2 mg/kg	IV in normal saline 50 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	130 mg/m ²	IV in D5W 500 mL over 2 hours
capecitabine	1000 mg/m ²	Orally twice daily on Days 1 to 14 , followed by 7 days off Take with food. Swallow whole (Self-administered at home)
pembrolizumab Maintenance starts three weeks after Cycle 6, Day 1		
pembrolizumab Maintenance (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 <i>Use 0.2 or 0.22 micron filter</i>
	4 mg/kg (every 42 days)	
Maximum pembrolizumab dose is 200 mg (every 21 days) or 400 mg (every 42 days) All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		
capecitabine (XELODA®) available dosage strengths: 150 mg and 500 mg tablets Classification: Cytotoxic, Hazardous		

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 O₂ 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

Recommended Support Medications		
Drug	Dose	CCMB Administration Guideline
pembrolizumab + XELOX (Cycles 1 to 6)		
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
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
- 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
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required
- **Note:** Upon completion of 6 cycles of **ESOPH - [pembrolizumab + XELOX]**, 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 - [pembrolizumab + XELOX]**