Regimen Reference Order

THOR – pembrolizumab + gemcitabine + CISplatin

ARIA: LUNG - [pembro + gem + CISplatin] LUNG - [pembro q 21 d (maintenance)] LUNG - [pembro q 42 d (maintenance)]

Planned Course: pembrolizumab + gemcitabine + CISplatin every 21 days for 4 cycles, followed by pembrolizumab every 21 days up to 31 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy) OR pembrolizumab + gemcitabine + CISplatin every 21 days for 4 cycles, followed by pembrolizumab every 42 days up to 16 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy)

Indication for Use: Lung Cancer Non-Small Cell Squamous Metastatic

Drug Alert: Immune Checkpoint Inhibitor (pembrolizumab)

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1 of Cycles 1 to 4

- ANC equal to or greater than 1.5×10^9 /L AND Platelets equal to or greater than 100×10^9 /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

Day 8 of Cycles 1 to 4

- ANC equal to or greater than 1.5 x 10⁹/L AND Platelets equal to or greater than 100 x 10⁹/L pembrolizumab Maintenance
- ANC equal to or greater than 1.5×10^9 /L AND Platelets equal to or greater than 50×10^9 /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 Not Applicable



Drug	Dose	CCMB Administration Guideline
pembrolizumab + ge	mcitabine + CISplatin (Cycles 1 to 4)
Day 1		
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
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
CISplatin	75 mg/m ²	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)
Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
pembrolizumab Mai	ntenance (Cycles 1 to 3	1 OR Cycles 1 to 16)
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

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



REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin, glucose, TSH and T4 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

Cycles 1 to 4

Day 1

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

Day 8

• CBC

Recommended Support Medications			
Drug	Dose	CCMB Administration Guideline	
pembrolizumab + gemcitabine + CISplatin (Cycles 1 to 4)			
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 (Cycles 1 to 31 OR Cycles 1 to 16)			
None required			

DISCHARGE INSTRUCTIONS

All Cycles

- Patient 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 4

- 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
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- Upon completion of 4 cycles of LUNG [pembro + gem + CISplatin], patients should be started on maintenance treatment with LUNG [pembro q 21 d (maintenance)] or LUNG [pembro q 42 d (maintenance)]
 - LUNG [pembro q 21 d (maintenance)] or LUNG [pembro q 42 d (maintenance)] regimen starts <u>three weeks</u> <u>after</u> completing LUNG - [pembro + gem + CISplatin]

