Regimen Reference Order
THOR – durvalumab + CISplatin + etoposide
ARIA: LUNG - [durvalumab + CIS + etop]
LUNG - [durvalumab (maintenance)]

Planned Course: **durvalumab + CISplatin + etoposide every 21 days for 4 cycles, followed by durvalumab every 28 days until disease progression or unacceptable toxicity**

Indication for Use: **Small Cell Lung Cancer, Extensive Stage**

Drug Alert: Immune Checkpoint Inhibitor (durvalumab)

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycles 1 to 4
- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 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***

durvalumab Maintenance
- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 50 x 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 – THOR – durvalumab + CISplatin + etoposide

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
durvalumab + CISplatin + etoposide (Cycles 1 to 4)		
Day 1		
durvalumab	20 mg/kg	IV in normal saline 250 mL over 1 hour *Use 0.2 or 0.22 micron filter*
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	25 mg/m^2	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m^2	IV in normal saline 500 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
Days 2 and 3		
aprepitant	80 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	25 mg/m^2	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m^2	IV in normal saline 500 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
durvalumab Maintenance starts 3 weeks after Cycle 4, Day 1 of durvalumab + CISplatin + etoposide		
durvalumab Maintenance every 4 weeks (Cycle 1 and Onwards)		
durvalumab	20 mg/kg	IV in normal saline 250 mL over 1 hour *Use 0.2 or 0.22 micron filter*
Maximum durvalumab dose is 1500 mg All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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_2 saturation) at baseline and as clinically indicated
- No observation period is required after durvalumab 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
durvalumab + CISplatin + etoposide (Cycles 1 to 4)		
aprepitant	80 mg	Orally once daily on Days 4 and 5
dexamethasone	8 mg	Orally once daily on Days 4 and 5
OLANZapine	2.5 mg	Orally the evening of Days 1, 2 and 3 then twice daily on Days 4 and 5. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled
durvalumab Maintenance (Cycle 1 and Onwards)		
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

durvalumab + CISplatin + etoposide (Cycles 1 to 4)

- Instruct patient to continue taking anti-emetic(s) at home
- Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- durvalumab 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 4 cycles of **LUNG – [durvalumab + CIS + etop]**, patients should be started on maintenance treatment with **LUNG – [durvalumab (maintenance)]**
    - **LUNG – [durvalumab (maintenance)]** should begin 21 days after Cycle 4, Day 1 of **LUNG – [durvalumab + CIS + etop]**