Regimen Reference Order

BRST – pembrolizumab + paclitaxel-protein bound

ARIA: BRST - [pembro + pacl (prot) q21d]

Planned Course: **Every 21 days until disease progression or unacceptable toxicity, up to a maximum of 2 years of therapy**

Indication for Use: **Breast Cancer; Triple Negative; Metastatic**

Drug Alert: **Immune Checkpoint Inhibitor (pembrolizumab)**

CVAD: **At Provider's Discretion**

Proceed with treatment if:

- ***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 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 – BRST – pembrolizumab + paclitaxel-protein bound

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
pembrolizumab	2 mg/kg	IV in normal saline 50 mL over 30 minutes *Use 0.2 or 0.22 micron filter*
metoclopramide	20 mg	Orally 30 minutes prior to chemotherapy
paclitaxel-protein bound (nab-PACLitaxel)	260 mg/m^2	IV over 30 minutes (administered undiluted)

Maximum pembrolizumab dose is 200 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 dose of pembrolizumab
- 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 pembrolizumab or paclitaxel-protein bound 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
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- 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
- 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 medical oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- paclitaxel-protein bound is also called ABRAXANE®, paclitaxel albumin bound, nab-PACLitaxel or PACLitaxel nanoparticle albumin bound