Regimen Reference Order

GAST – durvalumab + gemcitabine + CISplatin (biliary tract)

ARIA: GAST - [durvalumab + gem + CIS]
GAST - [durvalumab (maintenance)]

Planned Course: **durvalumab + gemcitabine + CISplatin every 21 days for 8 cycles, followed by durvalumab every 28 days until disease progression or unacceptable toxicity**

Indication for Use: **Biliary Tract Cancer; Unresectable or Metastatic**

Drug Alert: Immune Checkpoint Inhibitor (durvalumab)

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1 of Cycles 1 to 8

- ***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***

Day 8 of Cycles 1 to 8

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 90 x 10^9/L***
- ***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 – GAST – durvalumab + gemcitabine + CISplatin (biliary tract)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
durvalumab + gemcitabine + CISplatin (Cycles 1 to 8)		
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
gemcitabine	1000 mg/m^2	IV in normal saline 250 mL over 30 minutes
CISplatin	25 mg/m^2	IV in normal saline 250 mL over 1 hour
Day 8		
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	25 mg/m^2	IV in normal saline 250 mL over 1 hour
durvalumab Maintenance starts 3 weeks after Cycle 8, Day 1 of durvalumab + gemcitabine + CISplatin		
durvalumab Maintenance every 4 weeks		
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
Day 1

- 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

Cycles 1 to 8 only
Day 8

- CBC and serum creatinine as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 8 (durvalumab + gemcitabine + CISplatin)		
aprepitant	80 mg	Orally once daily on Days 2, 3, 9 and 10
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4 and 9, 10 and 11
OLANZapine	2.5 mg	Orally the evening of Days 1 and 8 then twice daily on Days 2, 3 and 4 and 9, 10 and 11. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4 and 8 to 11) up to maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

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 8

- 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 8 cycles of **GAST - [durvalumab + gem + CIS],** patients should be started on maintenance treatment with **GAST - [durvalumab (maintenance)]**
    - **GAST - [durvalumab (maintenance)]** should begin 21 days after Cycle 8, Day 1 of **GAST - [durvalumab + gem + CIS]**