Regimen Reference Order – GAST – nivolumab + XELOX

ARIA: GAST - [nivolumab + XELOX]

Planned Course: **Every 21 days until disease progression or unacceptable toxicity up to a maximum of 35 cycles (2 years)**

Indication for Use: **Gastric or Gastroesophageal Junction or Esophageal Adenocarcinoma; Locally Advanced/Metastatic**

Drug Alert: Immune Checkpoint Inhibitor (nivolumab)

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 – GAST – nivolumab + XELOX

Establish primary solution 500 mL of: D5W

Drug	Dose	CCMB Administration Guideline
nivolumab	4.5 mg/kg	IV in normal saline 100 mL over 30 minutes *Use 0.2 or 0.22 micron filter*
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)**

Maximum nivolumab dose is 360 mg

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 and glucose as per Physician Orders
- 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 nivolumab 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
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 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

- nivolumab 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