ADULT Updated: March 26, 2024

Regimen Reference Order – GAST – tremelimumab + durvalumab

ARIA: GAST - [treme + durvalumab]

Planned Course: tremelimumab + durvalumab for one cycle, followed by durvalumab every 28

days until progressive disease/unacceptable toxicity

Indication for Use: Hepatocellular Carcinoma; Locally Advanced; 1st Line

Drug Alert: Immune Checkpoint Inhibitor (tremelimumab and durvalumab)

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 50 x $10^9/L$
- AST/ALT less than 3 times the upper limit of normal
- Total bilirubin less than 1.5 times the upper limit of normal
- Creatinine clearance 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 – tremelimumab + durvalumab

Drug	Dose	CCMB Administration Guideline
Cycle 1 – tremelim	umab and durvalumab	
tremelimumab	300 mg	IV in 250 mL normal saline over 1 hour
	(single dose)	Use 0.2 or 0.22 micron filter
		*Nursing Alert: durvalumab infusion begins after observation period is complete
		*Nursing Alert: Start a new primary infusion line for durvaluma
durvalumab	20 mg/kg	IV in 250 mL normal saline over 1 hour
		Use 0.2 or 0.22 micron filter
Cycle 2 and Onwar	ds – durvalumab every	28 days
durvalumab	20 mg/kg	IV in 250 mL normal saline over 1 hour
		Use 0.2 or 0.22 micron filter

more information

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

REQUIRED MONITORING

Cycle 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin, glucose and TSH as per Physician Orders
- Morning cortisol as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- Observe patient for 1 hour after administration of tremelimumab. Full vital signs after observation period is complete. durvalumab infusion begins after observation period is complete
- No observation period required after durvalumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 and Onwards

- 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 O₂ saturation) at baseline and as clinically indicated
- No observation period is required after durvalumab. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications				
	Drug	Dose	CCMB Administration Guideline	
None required				

DISCHARGE INSTRUCTIONS

- 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

ADDITIONAL INFORMATION

- tremelimumab and durvalumab are Immune Checkpoint Inhibitors. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- This regimen can cause severe and fatal immune-mediated adverse reactions
- This regimen is also referred to as "STRIDE": Single Tremelimumab Regular Interval Durvalumab regimen

