Regimen Reference Order

H&N – pembrolizumab + CARBOplatin + fluorouracil

ARIA: H&N - [pembro + CARBO + fluorouracil]
H&N - [pembro q 21 d (maintenance)]
H&N - [pembro q 42 d (maintenance)]

Planned Course: pembrolizumab + CARBOplatin + fluorouracil every 21 days for 6 cycles, followed by pembrolizumab every 21 days up to 29 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy)

OR
pembrolizumab + CARBOplatin + fluorouracil every 21 days for 6 cycles, followed by pembrolizumab every 42 days up to 15 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy)

Indication for Use: Squamous Cell Cancer of Head and Neck, Advanced/Recurrent

Drug Alert: Immune Checkpoint Inhibitor (pembrolizumab)

CVAD: Required (Ambulatory Pump)

Proceed with treatment if:

Cycles 1 to 6
- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- 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

pembrolizumab Maintenance
- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$
- 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 are not met

SEQUENCE OF MEDICATION ADMINISTRATION

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>CCMB Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not Applicable</td>
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</tbody>
</table>

Please refer to CCMB Formulary for Criteria for Use
ADULT

H&N – pembrolizumab + CARBOplatin + fluorouracil

Please refer to CCMB Formulary for Criteria for Use

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>CCMB Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>pembrolizumab + CARBOplatin + fluorouracil (Cycles 1 to 6)</td>
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<tr>
<td>aprepitant</td>
<td>80 mg</td>
<td>Orally once daily on Days 2 and 3</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>8 mg</td>
<td>Orally once daily on Days 2 and 3</td>
</tr>
<tr>
<td>metoclopramide</td>
<td>10 – 20 mg</td>
<td>Orally every 4 hours as needed for nausea and vomiting</td>
</tr>
<tr>
<td>pembrolizumab Maintenance (Cycles 1 to 29 OR Cycles 1 to 15)</td>
<td>None required</td>
<td></td>
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</tbody>
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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 6
- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- 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 oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- Upon completion of 6 cycles of H&N - [pembro + CARBO + fluorouracil], patients should be started on maintenance treatment with H&N - [pembro q 21 d (maintenance)] or H&N - [pembro q 42 d (maintenance)]
  - H&N - [pembro q 21 d (maintenance)] or H&N - [pembro q 42 d (maintenance)] regimen starts three weeks after completing H&N - [pembro + CARBO + fluorouracil]
- CARBOplatin dose considerations:
  - CCMB Head & Neck DSG uses actual body weight to calculate GFR
  - CCMB Head & Neck DSG uses a maximum CARBOplatin dose of 750 mg for this regimen
  - If calculated CARBOplatin dose differs more than 10% from prescribed CARBOplatin dose, contact the prescriber
CARBOplatin Dosing Calculations per CCMB Head & Neck DSG

Calculation of CARBOplatin dose: (maximum 750 mg)

<table>
<thead>
<tr>
<th>AUC (mg/mL.min)</th>
<th>GFR + 25 (mL/min)</th>
<th>Total Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>____ + 25</td>
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</tbody>
</table>

Dose (mg) = target AUC (GFR + 25)

GFR = N x (140-age in years) x Actual Body Weight (kg) = ____ mL/min

serum creatinine in micromol/L

N = 1.23 in males
N = 1.04 in females

\[ \text{Dose} = \text{target AUC} \times \text{GFR} + 25 \]

\[ \text{GFR} = N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)} \]

\[ \text{N} = 1.23 \text{ in males} \]
\[ \text{N} = 1.04 \text{ in females} \]

AUC = Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation above may not be appropriate for some patient populations (for example, acute renal failure).