

Regimen Reference Order

THOR – atezolizumab + CISplatin + etoposide

ARIA: LUNG - [atezolizumab + CIS + etop]

LUNG - [atezolizumab (maintenance)]

To order this therapy in ARIA, refer to ADDITIONAL INFORMATION

Planned Course: atezolizumab + CISplatin + etoposide every 21 days for 4 cycles, followed by atezolizumab every 21 days until disease progression or unacceptable toxicity

Indication for Use: Small Cell Lung Cancer, Extensive Stage

Drug Alert: Immune Checkpoint Inhibitor (atezolizumab)

CVAD: At Provider’s Discretion

Proceed with treatment if:

Cycles 1 to 4

- *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 equal to or greater than 45 mL/minute*

atezolizumab 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 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
		Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of CISplatin treatment (Self-administered at home)

Treatment Regimen – THOR – atezolizumab + CISplatin + etoposide

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
atezolizumab + CISplatin + etoposide (Cycles 1 to 4)		
Day 1		
atezolizumab (Subcutaneous)	1875 mg (1875 mg = 15 mL)	<p>Subcutaneous: Administer over 7 minutes into lateral aspect of thigh Allow vial to come to room temperature Use a 23G needle for injection</p> <p><i>*Nursing Alert: atezolizumab must be administered into the thigh</i></p> <p><i>*Alert: Ensure subcutaneous atezolizumab formulation is used (atezolizumab-hyaluronidase)</i></p>
OR		
atezolizumab (Intravenous)	1200 mg	<p><u>Cycle 1:</u> IV in normal saline 250 mL over 1 hour</p> <p><u>Cycle 2 and subsequent cycles:</u> IV in normal saline 250 mL over 30 minutes</p>
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
CISplatin	25 mg/m ²	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>
Days 2 and 3		
aprepitant	80 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
CISplatin	25 mg/m ²	IV in normal saline 250 mL over 1 hour
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>
atezolizumab maintenance starts 3 weeks after Cycle 4, Day 1 of atezolizumab + CISplatin + etoposide		
atezolizumab maintenance every 3 weeks (Cycle 1 and Onwards)		
atezolizumab (Subcutaneous)	1875 mg (1875 mg = 15 mL)	<p>Subcutaneous: Administer over 7 minutes into lateral aspect of thigh Allow vial to come to room temperature Use a 23G needle for injection</p>

		<p>*Nursing Alert: atezolizumab must be administered into the thigh</p> <p>*Alert: Ensure subcutaneous atezolizumab formulation is used (atezolizumab-hyaluronidase)</p>
OR		
atezolizumab (Intravenous)	1200 mg	IV in normal saline 250 mL over 30 minutes

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

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, sodium, potassium, calcium, magnesium, phosphate, AST, ALT, total bilirubin, albumin and glucose as per Physician Orders
- TSH every 6 weeks 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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
atezolizumab + CISplatin + etoposide (Cycles 1 to 4)		
aprepitant	80 mg	Orally once daily on Days 4 and 5
dexamethasone	8 mg	Orally once daily on Days 4 and 5
OLANzapine	2.5 mg	Orally the evening of Days 1, 2 and 3 then twice daily on Days 4 and 5. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled
atezolizumab maintenance (Cycle 1 and Onwards)		
None required		

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 4 (atezolizumab + CISplatin + etoposide)

- 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

- atezolizumab 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
- **ARIA ordering:**
 - Note that **ARIA regimen is built with atezolizumab administered by subcutaneous injection**
 - If atezolizumab by intravenous infusion is the preferred route of administration, a Support protocol is available to use under **atezolizumab IV** in the “Lung Cancer” folder

Note: Upon completion of 4 cycles of **LUNG - [atezolizumab + CIS + etop]**, patients should be started on maintenance treatment with **LUNG - [atezolizumab (maintenance)]**

- **LUNG - [atezolizumab (maintenance)]** should begin 21 days after Cycle 4, Day 1 of **LUNG - [atezolizumab + CIS + etop]**