Regimen Reference Order

THOR – durvalumab + CARBOplatin + etoposide

ARIA: LUNG - [durvalumab + CARBO + etop]
LUNG - [durvalumab (maintenance)]

Planned Course: **durvalumab + CARBOplatin + etoposide every 21 days for 4 cycles, followed by durvalumab every 28 days until disease progression or unacceptable toxicity**

Indication for Use: **Small Cell Lung Cancer, Extensive Stage**

Drug Alert: Immune Checkpoint Inhibitor (durvalumab)

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycles 1 to 4

- ***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***

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 – THOR – durvalumab + CARBOplatin + etoposide

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
durvalumab + CARBOplatin + etoposide (Cycles 1 to 4)		
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
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
etoposide	75 mg/m^2	IV in normal saline 500 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
Days 2 and 3		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
etoposide	75 mg/m^2	IV in normal saline 500 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
durvalumab Maintenance starts 3 weeks after Cycle 4, Day 1 of durvalumab + CARBOplatin + etoposide		
durvalumab Maintenance every 4 weeks (Cycle 1 and Onwards)		
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

- 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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
durvalumab + CARBOplatin + etoposide (Cycles 1 to 4)		
aprepitant	80 mg	Orally once daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
durvalumab 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

durvalumab + CARBOplatin + etoposide (Cycles 1 to 4)

- 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

- durvalumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- **Note:** Upon completion of 4 cycles of **LUNG – [durvalumab + CARBO + etop]**, patients should be started on maintenance treatment with **LUNG – [durvalumab (maintenance)]**
    - **LUNG – [durvalumab (maintenance)]** should begin 21 days after Cycle 4, Day 1 of **LUNG – [durvalumab + CARBO + etop]**
- CARBOplatin dose considerations:
    - CCMB Thoracic DSG uses **actual body weight** to calculate GFR
    - CCMB Thoracic DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
    - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Thoracic DSG

Calculation of CARBOplatin dose: (maximum 900 mg)

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

$$\text{GFR} = \frac{\text{N} \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \_\_\_ \text{ mL/min}$$

N = 1.23 in males
N = 1.04 in females

AUC (mg/mL.min) / 6	X	GFR + 25 (mL/min) / ____ + 25	=	Total Dose (mg) /

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).