ADULT Updated: July 11, 2022

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 $100 \times 10^9/L$

- 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

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 Mainte	enance starts 3 weeks after C	ycle 4, Day 1 of durvalumab + CARBOplatin + etoposide
durvalumab Mainte	enance 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 durvaluma	b dose is 1500 mg	
All doses will be autor more information	matically rounded that fall withir	n CCMB Approved Dose Bands. See Dose Banding document fo

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 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

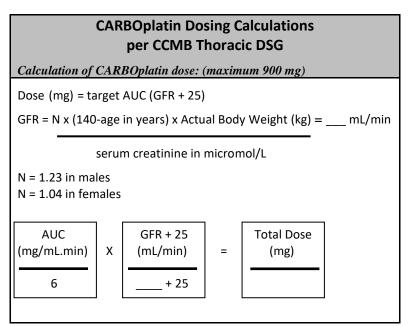
- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- · Reinforce to patient the immune-mediated adverse reactions and 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 <u>21 days after</u> Cycle 4, Day 1 of
 LUNG [durvalumab + CARBO + etop]
- CARBOplatin dose considerations:
 - o 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



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).

