

Regimen Reference Order

THOR – pembrolizumab + DOCEtaxel + CARBOplatin

ARIA: LUNG - [pembro + DOCEtaxel + CARBO]

LUNG - [pembro q 21 d (maintenance)]

LUNG - [pembro q 42 d (maintenance)]

Planned Course: pembrolizumab + DOCEtaxel + CARBOplatin every 21 days for 4 cycles, followed by pembrolizumab every 21 days up to 31 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy)

OR

pembrolizumab + DOCEtaxel + CARBOplatin every 21 days for 4 cycles, followed by pembrolizumab every 42 days up to 16 cycles or until disease progression or unacceptable toxicity (maximum 2 years of therapy)

Indication for Use: Lung Cancer Non-Small Cell Squamous Metastatic

Drug Alert: Immune Checkpoint Inhibitor (pembrolizumab)

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 1.5 times the upper limit of normal
- Alkaline phosphatase equal to or less than 2.5 times the upper limit of normal
- Total bilirubin equal to or less than 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 not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally twice daily the day before DOCetaxel treatment and one dose the morning of DOCetaxel treatment (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions</i>

Treatment Regimen – THOR – pembrolizumab + DOCetaxel + CARBOplatin

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
pembrolizumab + DOCetaxel + CARBOplatin (Cycles 1 to 4)		
pembrolizumab	2 mg/kg	IV in normal saline 50 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy <i>*Nursing Alert: this dose is in addition to the 8 mg self-administered dose taken at home morning of Day 1</i>
DOCetaxel	75 mg/m ²	IV in normal saline 250 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> Administer at 100 mL/hour for 15 minutes, then Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i> OR For 500 mL bags (when Pharmacy must prepare DOCetaxel in 500 mL normal saline for concentration-dependent stability): IV in normal saline 500 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> Administer at 200 mL/hour for 15 minutes, then Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i>
normal saline	100 mL	ONLY for patients with a PORT IV over 12 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>

CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
pembrolizumab Maintenance (Cycles 1 to 31 OR Cycles 1 to 16)		
pembrolizumab	2 mg/kg (every 21 days) OR	IV in normal saline 50 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
	4 mg/kg (every 42 days)	IV in normal saline 100 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
Maximum pembrolizumab dose is 200 mg (every 21 days) or 400 mg (every 42 days) 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 O₂ saturation) at baseline and as clinically indicated
- No observation period is required after pembrolizumab and DOCETaxel 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
pembrolizumab + DOCETaxel + CARBOplatin (Cycles 1 to 4)		
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
pembrolizumab Maintenance (Cycles 1 to 31 OR Cycles 1 to 16)		
None required		

DISCHARGE INSTRUCTIONS

All Cycles

- 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

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

- pembrolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- Upon completion of 4 cycles of **LUNG - [pembro + DOCEtaxel + CARBO]**, patients should be started on maintenance treatment with **LUNG - [pembro q 21 d (maintenance)]** or **LUNG - [pembro q 42 d (maintenance)]**
 - LUNG - [pembro q 21 d (maintenance)] or LUNG - [pembro q 42 d (maintenance)] regimen starts three weeks after completing LUNG - [pembro + DOCEtaxel + CARBO]
- 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)										
$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \text{___ mL/min}$										
N = 1.23 in males N = 1.04 in females										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">AUC (mg/mL.min)</td></tr> <tr><td style="text-align: center; border-top: 1px solid black; padding: 2px;">6</td></tr> </table>	AUC (mg/mL.min)	6	X	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">GFR + 25 (mL/min)</td></tr> <tr><td style="text-align: center; border-top: 1px solid black; padding: 2px;">___ + 25</td></tr> </table>	GFR + 25 (mL/min)	___ + 25	=	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="padding: 2px;">Total Dose (mg)</td></tr> <tr><td style="text-align: center; border-top: 1px solid black; padding: 2px;"> </td></tr> </table>	Total Dose (mg)	
AUC (mg/mL.min)										
6										
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).