PEMBROLIZUMAB (Keytruda) PACLITAXEL albumin-bound (nab-PACLITAXEL)

INDICATION (ICD10) C50

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (PEMB18)

1. The treatment of previously untreated locally advanced unresectable or metastatic triple negative breast cancer in patients with PD-L1 expression test results of immune cell (IC) <1% and a combined positive score (CPS) of 10 or more. PS 0 or 1. (TA801)

REGIMEN

Days 1, 8 and 15

PACLITAXEL ALBUMIN BOUND 100mg/m^2 IV infusion over 30 minutes

PEMBROLIZUMAB 400mg in 100ml sodium chloride IV infusion over 30 minutes every 42 days

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days
Pembrolizumab every 42 days until disease progression up to maximum 2 years
Paclitaxel-albumin bound until disease progression or unacceptable toxicity
(if one drug needs to be discontinued due to toxicity, the other may continue)

ANTI-EMETICS

Low risk days 1, 8 and 15

CONCURRENT MEDICATION REQUIRED

None

EXTRAVASATION AND TYPE OF LINE / FILTERS

Paclitaxel albumin bound – vesicant
Pembrolizumab – neutral

Paclitaxel albumin-bound administer via a standard giving set with a 15micron (µm) filter
Pembrolizumab administer via low protein binding 0.2 to 5micron in-line or add-on filter

Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.0 day 1 (if not delay), ≥1.0 days 8 and 15 (if not omit paclitaxel albumin-bound clinician discretion)
Platelets x 10^9/L ≥100 day 1 if not delay), ≥100 days 8 and 15 (if not omit paclitaxel albumin-bound clinician discretion)
Thyroid function* baseline, then every pembrolizumab cycle
Random cortisol baseline, then every pembrolizumab cycle
Random glucose every pembrolizumab cycle
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Paclitaxel albumin-bound	Hypersensitivity - discontinue immediately Bone marrow suppression Peripheral neuropathy Sepsis Pneumonitis
Pembrolizumab	-

DOSE MODIFICATIONS

Haematolgical

Paclitaxel albumin-bound

Day 1 Neutrophils <1.0x10^9/l or platelets <100x10^9/l Delay nab-paclitaxel until counts above these limits. If time to neutrophil recovery is >7 days, once recovered reduce nab-paclitaxel dose. If any case of neutropenic fever (neutrophils <0.5 x10^9/l with temp >38C°), once recovered reduce nab-paclitaxel dose.	First occurrence	75mg/m^2
	Second occurrence	50mg/m^2
	Third occurrence	Discontinue treatment
Days 8 and 15 Neutrophils <1.0x10^9/l or platelets <100x10^9/l Delay nab-paclitaxel until counts above these limits. If time to neutrophil recovery is >7 days, or any episode of platelets <50, once recovered reduce nab-paclitaxel dose.	First occurrence	75mg/m^2
	Second occurrence	Discontinue treatment

Non-haematological

Paclitaxel albumin-boundAny grade 2 or 3 toxicities	First occurrence	75mg/m^2
	Second occurrence	50mg/m^2
	Third occurrence	Discontinue treatment

Pembrolizumab

Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline.

If the drug-related toxicity does not resolve to grade 0-1 within 12 weeks after onset of toxicity, discontinuation is recommended.

Hepatic impairment

Paclitaxel albumin-bound

Total bilirubin >1.0 to ≤1.5xULN and AST ≤10xULN)	no dose adjustments required.
Total bilirubin >1.5 to ≤5xULN and AST ≤10xULN)	give 80% dose The reduced dose may be escalated to the dose for patients with normal hepatic function if the patient is tolerating the treatment for at least two cycles.

Renal impairment

Paclitaxel albumin-bound

CrCl ≥30ml/min	No dose reduction

REFERENCES

1. SPC
2. Blueteq criteria