PEMBROLIZUMAB (Keytruda) CARBOPLATIN PACLITAXEL

INDICATION (ICD10) C34

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (PEMB10)

1. The first line treatment of PD-L1 positive or negative locally advanced or metastatic stage IIIB, stage IIIC or stage IV squamous non-small cell lung cancer. has a PD-L1 TPS of 0-49% or has a PD-L1 TPS of 50-100% and requires an urgent clinical response (e.g. impending major airway obstruction) so as to justify the use of the combination of pembrolizumab, carboplatin and paclitaxel rather than pembrolizumab monotherapy. Has not received previous cytotoxic chemotherapy for advanced /metastatic disease (Not received prior treatment with an anti-PD-1, anti-PD-L1, anti-PD-L2, anti-CD137, or anti-Cytotoxic T-lymphocyte-associated antigen-4 (CTLA-4) antibody). Completion of treatment for earlier stage disease with chemotherapy with or without radiotherapy as part of neoadjuvant/concurrent/adjuvant therapy is allowed as long as therapy was completed at least 6 months prior to the diagnosis of recurrent locally advanced or metastatic disease. Fit for the combination of pembrolizumab, carboplatin (AUC 6mg/ml/min) and paclitaxel (200mg/m²) and has PS 0 or 1. No symptomatically active brain metastases or leptomeningeal metastases. (TA770)

REGIMEN

Cycles 1 to 4

Day 1 PEMBROLIZUMAB 200mg in 100ml sodium chloride 0.9% IV infusion over 30 minutes
Premedication 30 minutes prior to infusion:
Dexamethasone 20 mg IV bolus
Chlorphenamine 10 mg IV bolus
PACLITAXEL 200mg/m^2 in #ml sodium chloride 0.9% infusion over 3 hours
CARBOPLATIN AUC 6 in #ml glucose 5% infusion over 30 minutes
Dose calculated by EDTA GFR or calculated CrCl + 25 x AUC.
(Maximum dose when using CrCl 125+25 x AUC)

Cycles 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33 and 35

Day 1 PEMBROLIZUMAB 400mg in 100ml sodium chloride 0.9% IV infusion over 30 minutes

diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Combination every 21 days for 4 cycles
A formal medical review as to whether treatment with the combination of pembrolizumab, carboplatin and paclitaxel should continue or not will be scheduled to occur at least by the end of the first 6 weeks of treatment.
Pembrolizumab monotherapy every 42 days (cycles 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33 and 35)

ANTI-EMETICS

Moderate risk day 1 cycles 1 to 4
Minimal risk day 1 cycles 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33 and 35

CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus Carboplatin should be given at a slower rate e.g. 2-4 hours.
Paclitaxel	Ensure premedication given before paclitaxel

EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant
Paclitaxel – vesicant
Pembrolizumab - neutral

Paclitaxel via polyethylene lined administration set with ≤0.22micron filter
Pembrolizumab – Use 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 ≥1.5
Platelets x 10^9/L ≥100
GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.
Thyroid function baseline, then every cycle
Random cortisol baseline, then every cycle
Random glucose every cycle
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
Paclitaxel	(2% risk of severe hypersensitivity) Reactions range from mild hypotension (light-headedness) to full cardiac collapse (anaphylactic shock). Discontinue infusion and resuscitate appropriate to reaction. If reaction is mild and settles promptly (i.e. within 5-10 minutes), cautiously restart at a slower rate under close supervision. If further reactions occur stop treatment.
Pembrolizumab	Immune related toxicities

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Paclitaxel	DOACs to be used with caution, need dose modifications or to be avoided eg apixaban Clopidogrel interacts with paclitaxel Paclitaxel is catalysed, by cytochrome P450 isoenzymes CYP2C8 and CYP3A4. inhibitors (e.g. erythromycin, fluoxetine, gemfibrozil) use with caution. inducors (e.g. rifampicin, carbamazepine, phenytoin, phenobarbital, efavirenz, nevirapine) use with caution.

DOSE MODIFICATIONS

Non-haematological

Paclitaxel

If patient complains of tinnitus, tingling of fingers and/or toes or motor weakness discuss with Consultant or Registrar before administration

If grade ≥2 neuropathy, consider paclitaxel dose reduction

If grade >3 peripheral neuropathy is >grade 3 omit further paclitaxel

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

In the absence of Gilbert's syndrome:

Transaminase <10xULN and bilirubin ≤1.25xULN	no dose reduction
Transaminase <10xULN and bilirubin 1.26-2xULN	give 77% of original dose
Transaminase <10xULN and bilirubin 2·01-5xULN	give 51% of original dose
Transaminase ≥10xULN or bilirubin >5xULN	contraindicated

Renal impairment

Carboplatin

GFR / calculated CrCl ≤20ml/min or ≤30ml/min with pre-existing severe renal impairment	contraindicated

REFERENCES

1. Paz-Ares, L et al; NEJM 2018; 379: 2040-2051