BC Cancer Protocol Summary for the Adjuvant Treatment of Resected Esophageal or Gastroesophageal Junction Cancer using Nivolumab

Protocol Code	*GIAJNIV*
Tumour Group	*Gastrointestinal*
Contact Physician	*GI Systemic Therapy*

ELIGIBILITY:

Patients must have:

- Adenocarcinoma or squamous cell carcinoma of esophagus or gastroesophageal junction (GEJ),
- Resection post neoadjuvant chemoradiation, and
- Residual pathologic disease

Patients should have:

- ECOG performance status 0-2
- Adequate baseline hematological, hepatic and renal function
- Access to a treatment centre with expertise in managing immunotherapy mediated toxicities of nivolumab

Note:

- Treatment to start within 16 weeks of surgery, as soon as clinically appropriate
- PD-L1 status and CPS score not required

EXCLUSIONS:

Patients must not have:

- Metastatic disease

CAUTIONS:

- Active, known or suspected autoimmune disease
- Patients with long term immunosuppressive therapy or systemic corticosteroids (requiring more than 10 mg predniSONE/day or equivalent)

TESTS:

- Baseline: CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, albumin, sodium, potassium, TSH, morning serum cortisol, chest x-ray or CT chest
- Baseline if clinically indicated: CEA, CA19-9, creatine kinase, troponin, free T3 and free T4, GGT, lipase, random glucose, serum or urine HCG (required for women of childbearing potential if pregnancy suspected), serum ACTH levels, testosterone, estradiol, FSH, LH, ECG
- Prior to each cycle: CBC & Diff, creatinine, ALT, total bilirubin, sodium, potassium, TSH
- If clinically indicated: CEA, CA19-9, morning serum cortisol, lipase, random glucose, serum or urine HCG (required for women of childbearing potential if pregnancy suspected), free T3 and free T4, serum ACTH levels, testosterone, estradiol, FSH, LH,

alkaline phosphatase, albumin, GGT, creatine kinase, troponin, ECG, chest x-ray
- Weekly telephone nursing assessment for signs and symptoms of side effects while on treatment (optional).

PREMEDICATIONS:
- Antiemetics are not usually required.
- If required, antiemetic protocol for low emetogenicity (see SCNAUSEA).
- If prior infusion reactions to nivolumab: diphenhydrAMINE 50 mg PO, acetaminophen 325 to 975 mg PO, and hydrocortisone 25 mg IV 30 minutes prior to treatment

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
nivolumab	6 mg/kg (maximum 480 mg)	IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter

Repeat **every 4 weeks** for a maximum of 13 cycles or 1 year of treatment, unless disease progression or unacceptable toxicity.

DOSE MODIFICATIONS:
No specific dose modifications. Toxicity managed by treatment delay and other measures (see SCIMMUNE protocol for management of immune-mediated adverse reactions to checkpoint inhibitors immunotherapy, http://www.bccancer.bc.ca/chemotherapy-protocols-site/Documents/Supportive%20Care/SCIMMUNE_Protocol.pdf).

PRECAUTIONS:
- **Serious immune-mediated reactions**: these can be severe to fatal and usually occur during the treatment course. They may include enterocolitis, intestinal perforation or hemorrhage, hepatitis, dermatitis, neuropathy, endocrinopathy, pneumonitis, as well as toxicities in other organ systems. Early diagnosis and appropriate management are essential to minimize life-threatening complications (see SCIMMUNE protocol for management of immune-mediated adverse reactions to checkpoint inhibitors immunotherapy).
- **Infusion-related reactions**: isolated cases of severe infusion reactions have been reported. Discontinue nivolumab with severe reactions (Grade 3 or 4). Patients with mild or moderate infusion reactions may receive nivolumab with close monitoring and use of premedication.

Call the GI Systemic Therapy physician at your regional cancer centre or the GI Systemic Therapy Chair Dr. Theresa Chan at (604) 930-2098 with any problems or questions regarding this treatment program.

References:
Kelly RJ, Ajani JA, Kuzdzal J, Zander T, Van Cutsem E, Piessen G, et al. Adjuvant nivolumab in resected esophageal or gastroesophageal junction cancer. N Engl J Med. 2021 Apr 1;384(13):1191-1203.