BC Cancer Protocol Summary for Maintenance Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using 6-Weekly Pembrolizumab

Protocol Code	*HNAVPMBM6*
Tumour Group	*Head and Neck*
Contact Physician	*Dr. Cheryl Ho*

ELIGIBILITY:

Patients must have:

- Metastatic or unresectable, locoregionally recurrent squamous cell carcinoma of the head and neck, and
- Eligible for and no disease progression after 4 to 6 cycles of pembrolizumab-chemotherapy (HNAVPFPMB or HNAVPCPMB)

Note:

- Maintenance therapy to be started 21 days after final cycle of pembrolizumab-chemotherapy
- CAP approval is not required to switch between HNAVPMBM and HNAVPMBM6

Patients should have:

- ECOG 0-2 at the start of maintenance
- Adequate hepatic and renal function
- Access to a treatment centre with expertise to manage immune-mediated adverse reactions of pembrolizumab

EXCLUSIONS:

- Nasopharyngeal carcinoma, or non-squamous histologies
- Symptomatic central nervous system metastases
- Cautions with concurrent autoimmune disease, known active hepatitis B, C or HIV
- Use with caution in patients with long term immunosuppressive therapy or systemic corticosteroids (requiring more than 10 mg predniSONE/day or equivalent)

TESTS:

- Baseline: CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, chest x-ray
- Before each treatment: CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH
- If clinically indicated: chest x-ray, morning serum cortisol, lipase, glucose, serum or urine HCG (required for women of child bearing potential if pregnancy suspected), free T3 and free T4, serum ACTH levels, testosterone, estradiol, FSH, LH, ECG
- 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 pembrolizumab: 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
pembrolizumab	4 mg/kg (maximum 400 mg)	IV in 50 mL NS over 30 minutes Using a 0.2 micron in-line filter

- Repeat every **6 weeks** until disease progression, unacceptable toxicity or a maximum of 2 years (including doses given with chemotherapy and HNAVPMBM)

DOSE MODIFICATIONS:

No specific dose modifications for pembrolizumab. 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:

1. **Serious immune-mediated reactions**: can be severe to fatal and usually occur during the treatment course, but may develop months after discontinuation of therapy. 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, http://www.bccancer.bc.ca/chemotherapy-protocols-site/Documents/Supportive%20Care/SCIMMUNE_Protocol.pdf).
2. **Infusion-related reactions:** isolated cases of severe infusion reactions have been reported. Discontinue pembrolizumab with severe reactions (Grade 3 or 4). Patients with mild or moderate infusion reactions may receive pembrolizumab with close monitoring and use of premedication.

Contact Dr. Cheryl Ho or tumour group delegate at (604) 877-6000 or 1-800-523-2885 with any problems or questions regarding this treatment program.

REFERENCES:

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5. Lala M, Li TR, de Alwis DP. A six-weekly dosing schedule for pembrolizumab in patients with cancer based on evaluation using modelling and stimulation. Eur J Cancer. 2020;131:68-75.