BCCA Protocol Summary for Treatment of Locally Advanced Non-Small Cell Lung Cancer using CARBOplatin and PACLitaxel with Radiation Therapy

Protocol Code: LULACATRT
Tumour Group: Lung
Contact Physician: Dr. Robert Winston

ELIGIBILITY:
- Stage IIIA or IIIB NSCLC
  - T1 –T3 with N2 disease if medically inoperable
  - T4 with any node size and extent
  - N3 disease with any tumor involvement
- Unfit for LULAPERT or LULAPE2RT (e.g., elderly or frail, poor renal function)
- Measurable disease
- ECOG performance status 0 – 2
- Suitable candidate for thoracic radiation
- Weight loss less than or equal to 10% in the 3 months before diagnosis

EXCLUSIONS:
- Significant pleural effusions

TESTS:
- Baseline: CBC & differential, platelets, creatinine, bilirubin, AST, camera nuclear renogram for GFR (optional)
- Before each treatment: CBC, differential, platelets, creatinine
- If clinically indicated: bilirubin, AST, ALT, magnesium

PREMEDICATIONS:
- PACLitaxel must not be started unless the following drugs have been given:
  - 45 minutes prior to PACLitaxel:
    - dexamethasone 10 mg IV in 50 mL NS over 15 minutes
    - diphenhydrAMINE 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes
      (compatible up to 3 hours when mixed together in bag)
  - NOTE: If no PACLitaxel hypersensitivity reactions occur on cycle 1, no hypersensitivity premedications may be needed for subsequent doses and may be omitted at physician’s discretion (dexamethasone 8 to 12 mg PO may be given in place of the regimen in the first bullet point above).
  - If hypersensitivity reactions occur, premedications for re-challenge include dexamethasone 20 mg PO given 12 hours and 6 hours prior to treatment, plus IV premedications given 30 minutes prior to PACLitaxel: dexamethasone 10 mg, diphenhydrAMINE 25 mg, and H₂-antagonist (e.g., ranitidine 50 mg). If no hypersensitivity reactions occur, standard premedications (see above) will be used for subsequent PACLitaxel doses.
    - ondansetron 8 mg PO 30 minutes prior to CARBOplatin.
TREATMENT:

Chemotherapy (give PACLitaxel first)

Concurrent with radiation therapy: starting the first day of radiation therapy (note: lower drug doses with weekly dosing schedule)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACLitaxel</td>
<td>45 mg/m²</td>
<td>IV in 100 mL* NS over 1 hour (use non-DEHP bag and non-DEHP tubing with 0.22 micron or smaller in-line filter)</td>
</tr>
<tr>
<td>CARBOplatin</td>
<td>Dose = AUC 2 x (GFR* + 25)</td>
<td>IV in 250 mL NS over 30 minutes</td>
</tr>
</tbody>
</table>

*Use 250 mL for doses greater than or equal to 87 mg

Repeat weekly x 6 weeks concurrent with radiation therapy

Optional consolidation chemotherapy: starting about 4 weeks after completion of concurrent chemoradiation therapy (note: regular drug doses with 3-weekly dosing schedule)

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<tr>
<td>PACLitaxel</td>
<td>200 mg/m²</td>
<td>IV in 500 mL NS over 3 hours (use non-DEHP bag and non-DEHP tubing with 0.22 micron or smaller in-line filter)</td>
</tr>
<tr>
<td>CARBOplatin</td>
<td>Dose = AUC 6 x (GFR* + 25)</td>
<td>IV in 250 mL NS over 30 minutes</td>
</tr>
</tbody>
</table>

Repeat every 3 weeks x 2 cycles

*Measured GFR (e.g. nuclear renogram) is preferred in circumstances of co-morbidity that could affect renal function (third-space fluid accumulations, hypoproteinemia, potentially inadequate fluid intake, age greater than 70, etc.). The lab reported GFR (MDRD formula) may be used as an alternative to the Cockcroft-Gault estimate of GFR; the estimated GFR reported by the lab or calculated using the Cockcroft-Gault equation should be capped at 125 mL/min when it is used to calculate the initial carboplatin dose. When a nuclear renogram is available, this clearance would take precedence.

Cockcroft-Gault Formula

\[ \text{CrCl} = N \times (140 - \text{age}) \times \frac{\text{weight (kg)}}{\text{serum creatinine (micromol/L)}} \]

Where N = 1.04 for females, and 1.23 for males

Note: The same method of estimation should be used throughout the treatment course (i.e. if lab reported GFR was used initially, this should be used for dosing in all subsequent cycles and not the Cockcroft-Gault estimate).

NOTE: If creatinine increases by greater than 20% or rises above the upper limit of normal, recalculate GFR and recalculate CARBOplatin dose using new GFR. (See Dose Modifications 4. Renal Dysfunction)
RADIATION THERAPY:
60 Gy external beam thoracic radiotherapy in 30 fractions over 6 weeks

DOSE MODIFICATIONS:

1. Hematology:
On treatment days:

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 1 and greater than or equal to 50</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>less than 1 and/or less than 50</td>
<td>Delay chemotherapy for 1 week until recover above these values</td>
<td></td>
</tr>
</tbody>
</table>

2. Arthralgia and/or myalgia: If arthralgia and/or myalgia of grade 2 (moderate) or higher was not adequately relieved by NSAIDs or acetaminophen with codeine (e.g., TYLENOL®), a limited number of studies report a possible therapeutic benefit using:
- prednISONe 10 mg PO bid x 5 days starting 24 hours post-PACLitaxel
- gabapentin 300 mg PO on day before chemotherapy, 300 mg bid on treatment day, then 300 mg tid x 5 to 15 days (based on duration of arthromyalgia)

3. Neuropathy: Dose modification or discontinuation may be required (see BCCA Cancer Drug Manual).

4. Renal dysfunction: If significant increase (greater than 20% or rises above the upper limit of normal) in creatinine, recheck/recalculate GFR and recalculate CARBOplatin dose using new GFR.

5. Hepatic dysfunction: Dose reduction may be required for PACLitaxel (see BCCA Cancer Drug Manual).

PRECAUTIONS:

1. Hypersensitivity: Reactions are common. See BCCA Hypersensitivity Guidelines

| Mild symptoms (e.g., mild flushing, rash, pruritus) | complete PACLitaxel infusion. Supervise at bedside |
| Moderate symptoms (e.g. moderate rash, flushing, mild dyspnea, chest discomfort, mild hypotension) | stop PACLitaxel infusion |
| Severe symptoms (i.e. one or more of respiratory distress requiring treatment, generalized urticaria, | stop PACLitaxel infusion |
| | give IV antihistamine and steroid as above |

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Activated: 1 Sep 2015 Revised: 1 Aug 2017 (Pacitaxel dilution clarified)
Warning: The information contained in these documents are a statement of consensus of BC Cancer Agency professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment. Use of these documents is at your own risk and is subject to BC Cancer Agency’s terms of use available at www.bccancer.bc.ca/legal.htm
**angioedema, hypotension requiring therapy**

Add epinephrine or bronchodilators if indicated
- discontinue PACLitaxel therapy

2. **Extravasation**: PACLitaxel causes pain and may, rarely, cause tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
3. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
4. **Drug Interactions**: PACLitaxel is a CYP 2C8/9 and CYP 3A4 substrate. Drug levels may be increased by inhibitors of these enzymes and decreased by inducers of these enzymes.

**Contact Dr. Robert Winston or tumour group delegate at (604) 877-6000 or 1-800-663-3333** with any problems or questions regarding this treatment program.

**REFERENCES:**