

# BC Cancer Protocol Summary for the Treatment of ritUXImab-refractory Follicular Lymphoma (FL) with oBINutuzumab in combination with Bendamustine

**Protocol Code**

*LYOBBEND*

**Tumour Group**

*Lymphoma*

**Contact Physician**

*Dr Laurie H. Sehn*

## ELIGIBILITY:

- Patients with rituximab-refractory FL, defined as patients who did not respond to a prior rituximab-containing regimen or those who have previously relapsed within 6 months of a last dose of rituximab.
- Patients should be appropriate candidates for bendamustine.
- Symptomatic disease requiring systemic therapy.

## EXCLUSIONS:

- Creatinine clearance (CrCl) less than 40 mL/min
- ALT greater than 2.5 x upper limit of normal and total bilirubin greater than 1.5 x upper limit of normal

## TESTS:

- Baseline, then as indicated:
  - Required before first treatment: CBC & diff, platelets, creatinine, ALT, bilirubin
  - Required, but results do not have to be available to proceed with first treatment; results must be checked before proceeding with cycle 2: HBsAg, HBcoreAb
- Before day 1 of each treatment cycle: CBC & diff, platelets
- If clinically indicated: creatinine, ALT, bilirubin

## PREMEDICATIONS:

**Induction phase treatment (cycle 1 to 6):** Antiemetic protocol for moderate emetogenic chemotherapy (see protocol SCNAUSEA)

**Maintenance phase treatment:** Antiemetic protocol for rare emetogenic chemotherapy (see protocol SCNAUSEA)

## Premedication for oBINutuzumab to prevent infusion reactions:

(Note: patient should bring own supply)

### Cycle 1 Day 1:

60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

- dexamethasone IV 20 mg in 50 mL NS over 15 minutes

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

- acetaminophen PO 650 mg to 975 mg
- diphenhydrAMINE PO 50 mg

### All subsequent infusions\*:

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

- acetaminophen PO 650 mg to 975 mg
- diphenhydrAMINE PO 50 mg

\*If patients experienced a grade 3 infusion-related reaction with previous infusion **or** have a lymphocyte count greater than  $25 \times 10^9/L$  prior to next treatment: add an IV glucocorticoid (e.g., dexamethasone 20 mg) at least 60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours.

**Note:** Alternative glucocorticoids include methylPREDNisolone IV 80 mg. *Hydrocortisone is ineffective and not recommended.*

## SUPPORTIVE MEDICATIONS:

If HBsAg or HBcoreAb positive, start lamiVUDine 100 mg PO daily for the duration of chemotherapy and continue for one year from treatment completion for patients who are HBsAg positive and for six months for patients who are HBcoreAb positive.

## TREATMENT

**INDUCTION PHASE: oBINutuzumab in combination with bendamustine; induction phase cycle is every 28 days x 6 cycles**

### Cycle 1

Drug	Dose	BC Cancer Administration Guideline
oBINutuzumab	1000 mg on days 1, 8 and 15	IV in 250 NS*
bendamustine	90 mg/m <sup>2</sup> on days 1 and 2	IV in 250 to 500 mL NS over 1 hour

\*Cycle 1 (day 1): initiate infusion at **50 mg/hour**; after 30 minutes, increase by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs. Patients are to be under constant visual observation during all dose increases and for 2 hours after infusion completed.

Cycle 1 (days 8 and 15): If no reaction or grade 1 reaction to previous infusion and the final infusion rate was 100 mg/hour or faster, initiate infusion at **100 mg/hour** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/hour every 30 minutes until rate = 400 mg/hour. If grade 2 or higher infusion reaction occurred during previous infusion, initiate infusion at 50 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 50 mg/hour every 30 minutes until rate = 400 mg/hour. Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed.

## Cycles 2 to 6

Drug	Dose	BC Cancer Administration Guideline
oBINutuzumab	1000 mg on day 1	IV in 250 NS*
bendamustine	90 mg/m <sup>2</sup> on days 1 and 2	IV in 250 to 500 mL NS over 1 hour

\*If no reaction or grade 1 reaction with previous infusion and the final infusion rate was 100 mg/hour or faster, initiate infusion at **100 mg/hour** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/hour every 30 minutes until rate = 400 mg/hour. Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed.

If grade 2 or higher infusion reaction occurred during previous infusion, initiate infusion at 50 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 50 mg/hour every 30 minutes until rate = 400 mg/hour. Patients are to be under constant visual observation during all dose increases and for 2 hours after infusion completed

Repeat every 28 days for 5 cycles i.e., cycles 2 to 6

## **MAINTENANCE PHASE: oBINutuzumab monotherapy**

To start ~ 2 months after the last induction phase oBINutuzumab dose.  
Maintenance phase cycle is every 2 months

**Cycles 7 to 18:** Patients with stable disease, complete response, or partial response after 6 cycles of combination therapy (with bendamustine) should continue on oBINutuzumab monotherapy for up to 2 years.

Drug	Dose	BC Cancer Administration Guideline
oBINutuzumab	1000 mg on day 1	IV in 250 NS*

\*If no reaction or grade 1 reaction with previous infusion and the final infusion rate was 100 mg/hour or faster, initiate infusion at 100 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed.

If grade 2 or higher infusion reaction occurred during previous infusion, initiate infusion at 50 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 50 mg/hour every 30 minutes to maximum rate of 400 mg/hour. Patients are to be under constant visual observation during all dose increases and for 2 hours after infusion completed.

Repeat every 2 months for 2 years (12 doses) i.e., cycles 7 to 18

## DOSE MODIFICATIONS

No dose reductions are recommended for oBINutuzumab. The infusion may be discontinued, held or its rate reduced as appropriate.

### 1. Infusion reactions to oBINutuzumab:

Infusion reactions	Management
Grades 1 or 2 (mild or moderate)	Reduce infusion rate and treat symptoms. Once symptoms resolved, may resume infusion. Titrate infusion rate at increments appropriate to the treatment dose – see BC Cancer Administration Guidelines for oBINutuzumab above.
Grade 3 (severe)	Hold infusion and treat symptoms. Once symptoms resolved, may resume infusion at no more than half of the rate when reactions occurred (see table below). Titrate infusion rate at increments appropriate to the treatment dose.
Grade 4 (life-threatening)	Stop infusion and discontinue oBINutuzumab therapy.

**Infusion rate when resuming oBINutuzumab infusion after grade 3 symptoms are resolved:**

Infusion rate when reactions occur	Maximum infusion rate when resuming infusion
25 mg/h	10 mg/h
50 mg/h	25 mg/h
100 mg/h	50 mg/h
150 mg/h	50 mg/h
200 mg/h	100 mg/h
250 mg/h	100 mg/h
300 mg/h	150 mg/h
350 mg/h	150 mg/h
400 mg/h	200 mg/h

### 2. Hematological, for low counts due to treatment, not disease

ANC ( $\times 10^9/L$ )	Platelets ( $\times 10^9/L$ )	Dose (all drugs)
Greater than or equal to 1.2	Greater than or equal to 80	100%
Less than 1.2	Less than 80	Delay until recovery

### 3. Dosage in the elderly

No dose adjustment is required for either obinutuzumab or bendamustine. Patients greater than or equal to 65 years experienced more serious adverse events than younger patients.

## PRECAUTIONS:

1. **oBINutuzumab Infusion Reactions (IR)**, including anaphylaxis, may occur within 24 hours of infusion, usually with the first infusion and decreasing with subsequent infusions. Cycle 1 Day 1 infusion reactions have been most frequently reported at 1 to 2 hours from the start of infusion. Risk factors include a high tumour burden. Infusion reactions may require rate reduction, interruption of therapy, or treatment discontinuation. Monitor during the entire infusion; monitor patients with pre-existing cardiac or pulmonary conditions closely. Consider temporarily withholding antihypertensive therapies for 12 hours prior to, during, and for 1 hour after infusion.
2. **Bendamustine Infusion Reactions (IR) and Hypersensitivity**: Bendamustine can cause allergic type reactions during the IV infusion such as fever, chills, pruritus and rash. Severe anaphylactic and anaphylactoid reactions have occurred rarely, particularly in the second and subsequent cycles of therapy. If an allergic reaction occurs, stop the infusion and the physician in charge should determine a safe time and rate to resume the infusion. Consider pre-treatment with antihistamines, antipyretics and corticosteroids for patients experiencing Grade 1 or 2 infusion reactions; consider discontinuing bendamustine treatment for patients experiencing Grade 3 or 4 infusion reactions. See BC Cancer Hypersensitivity Guidelines.
3. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
4. **Thrombocytopenia**: Support with platelet transfusion may be required.
5. **Hepatitis B Virus (HBV) Reactivation** may occur and sometimes result in fulminant hepatitis, hepatic failure and death. **Do not administer to patients with an active hepatitis infection.** All patients should be tested for HBsAg and HBcoreAb prior to initiation of treatment. If either test is positive, such patients should be treated with lamivudine during chemotherapy and continue for one year from treatment completion for patients who are HBsAg positive and for six months for patients who are HBcoreAb positive. Such patients should also be monitored with frequent liver function tests and hepatitis B virus DNA at least every two months. If the hepatitis B virus DNA level rises during this monitoring, management should be reviewed with an appropriate specialist with experience managing hepatitis and consideration given to halting chemotherapy.
6. **Progressive Multifocal Leukoencephalopathy (PML)** may occur caused by reactivation of the JC virus. Patients should be evaluated for PML if presenting with new neurologic symptoms such as confusion, vision changes, changes in speech or walking, dizziness or vertigo.
7. **Tumour Lysis Syndrome (TLS)** including acute renal failure can occur within 12-24 hours after the first infusion for both oBINutuzumab and bendamustine. Patients at risk of TLS should have appropriate prophylaxis and be monitored closely. Maintain adequate volume status and monitor blood chemistry, including potassium and uric acid levels. Allopurinol has been used, but the concomitant use of bendamustine and allopurinol can cause increased risk of severe skin toxicity. See [BC Cancer Drug Manual](#) for the oBINutuzumab Drug Monograph and bendamustine Drug Monograph for more information.
8. Cardiovascular events, such as myocardial infarction and dysrhythmias have been reported with oBINutuzumab and are sometimes fatal; patients with pre-existing cardiac disease may experience worsening of their cardiovascular disease.
9. **Live or attenuated vaccines** are not recommended during treatment and until B-cell recovery has occurred after treatment (i.e., at least months after treatment is discontinued)
10. **Bone Marrow Suppression** can occur when oBINutuzumab and bendamustine are used in combination and has resulted in grade 3 and 4 **neutropenia** and **thrombocytopenia**. Monitor for signs/symptoms of infection; antimicrobial prophylaxis may be considered in neutropenic patients. Antiviral and/or antifungal prophylaxis as well as filgrastim (G-CSF) can also be considered. Thrombocytopenia may require dose delays of oBINutuzumab and bendamustine. Consider withholding platelet inhibitors, anticoagulants, or other medications which may increase bleeding risk (especially during the first cycle). Leukopenia and lymphopenia commonly occur. Monitor blood counts frequently throughout therapy.
11. **Infection**, bacterial, fungal, and new or reactivated viral infections may occur during and/or following therapy; fatal infections have been reported. **Do not administer to patients with an active infection.** Patients with a history of recurrent or chronic infections may be at increased risk; monitor closely for signs/symptoms of infection.

12. **Drug Interactions:** CYP1A2 inhibitors can potentially decrease plasma concentration of bendamustine. CYP1A2 inducers can potentially increase plasma concentration of bendamustine.
13. **Skin Reactions:** Rash, toxic skin reactions and bullous exanthema have been reported with bendamustine. They may be progressive and increase in severity with further treatment. Monitor closely. If skin reactions are severe or progressive, consider withholding or discontinuing bendamustine.

**Call Dr. Laurie H. Sehn or tumor group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

#### **References:**

1. Cartron G, de Guibert S, Dilhuydy MS, et al. Obinutuzumab (GA101) in relapsed/refractory chronic lymphocytic leukemia: final data from the phase ½ GAUGUIN study. *Blood* 2014;124:2196-202.
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6. Rummel MJ, Niederle N, Maschmeyer G, et al. Bendamustine plus rituximab versus CHP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial. *Lancet* 2013;381:1203-10.
7. Rummel M, Kaiser U, Balsem C, et al. Bendamustine plus rituximab versus fludarabine plus rituximab for patients with relapsed indolent and mantle-cell lymphomas: a multicentre. Randomised, open-label, non-inferiority phase 3 trial. *Lancet Oncol* 2016;17:57-66.
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10. Sehn LH, Chua N, Mayer J, et al. Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): a randomised, controlled, open-label, multicentre, phase 2 trial. *Lancet Oncol* 2016;1081-93.

## **Appendix. oBINutuzumab infusion rate titration table**

### **Induction Phase**

- **Cycle 1: Day 1.**

<b>oBINutuzumab 1000 mg IV in 250 mL NS</b>		
<b>Total volume = 315 mL</b>		
<b>TITRATION</b>	<b>INFUSION RATE</b>	<b>VOLUME TO BE INFUSED (VTBI)</b>
50 mg/h x 30 min	16 mL/h	8 mL
100 mg/h x 30 min	32 mL/h	16 mL
150 mg/h x 30 min	47 mL/h	24 mL
200 mg/h x 30 min	63 mL/h	32 mL
250 mg/h x 30 min	79 mL/h	39 mL
300 mg/h x 30 min	95 mL/h	47 mL
350 mg/h x 30 min	110 mL/h	55 mL
400 mg/h x 45 min	126 mL/h	95 mL

### **Induction Phase**

- **Cycle 1: Days 8 and 15.**
- **Cycles 2 to 6: Day 1 only.**

**Maintenance Phase Cycles 7 to 18: Day 1 only.**

<b>oBINutuzumab 1000 mg IV in 250 mL NS</b>		
<b>Total volume = 315 mL</b>		
<b>TITRATION</b>	<b>INFUSION RATE</b>	<b>VOLUME TO BE INFUSED (VTBI)</b>
100 mg/h x 30 min	32 mL/h	16 mL
200 mg/h x 30 min	63 mL/h	32 mL
300 mg/h x 30 min	94 mL/h	47 mL
400 mg/h x 105 min	126 mL/h	220 mL