

# BC Cancer Protocol Summary for Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using 6-Weekly Pembrolizumab

**Protocol Code:** UGOENDAVP6  
**Tumour Group:** Gynecology  
**Contact Physician:** GO Systemic Therapy

## ELIGIBILITY:

Patients must have:

- Advanced or metastatic endometrial cancer,
- Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), tested on primary or metastatic tumour,
- Progression following at least one prior line of treatment or intolerant to prior line of treatment,
- No alternative systemic treatment options, and
- BC Cancer “Compassionate Access Program” request approval prior to treatment

Patients should have:

- ECOG performance status 0 to 2
- Adequate hepatic and renal function
- Access to a treatment center with expertise to manage immune-mediated adverse reactions of pembrolizumab.

Notes:

- At time of subsequent disease progression, retreatment is allowed for an additional one year of **treatment**:
  - **Retreatment without CAP approval is allowed for an additional 18 cycles for 3-weekly dosing or 9 cycles for 6-weekly dosing (or a combination of both) if patient has completed the initial pembrolizumab treatment without disease progression.**
- BC Cancer Compassionate Access Program (CAP) approval is not required to switch between 3-weekly and 6-weekly dosing of pembrolizumab.

## EXCLUSIONS:

Patients must not have:

- Prior immunotherapy,
- Combination treatment. This protocol is monotherapy only, or
- Active central nervous system (CNS) metastases. Treated or stable CNS metastases are eligible.

**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, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH, random glucose, morning serum cortisol, chest x-ray or CT chest if not previously done.
- Baseline, if clinically indicated: CA 19-9, CA125, CA 15-3, CEA, BNP, creatine kinase, troponin, ECG, echocardiogram
- Prior to each treatment: CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH
- If clinically indicated: morning serum cortisol, lipase, random glucose, creatine kinase, serum or urine HCG (required for women of childbearing potential if pregnancy suspected), free T3 and free T4, serum ACTH levels, troponin, CA 19-9, CA125, CA 15-3, CEA, testosterone, estradiol, FSH, LH, 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 pembrolizumab: diphenhydrAMINE 50 mg PO, acetaminophen 325 to 975 mg PO, and hydrocortisone 25 mg IV 30 minutes prior to treatment

**TREATMENT:**

A cycle equals -

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

\* Select dose per Dose Banding Table (appendix)

- Each cycle is 42 days (6 weeks).
- Duration of treatment:
  - Initial pembrolizumab **treatment**: Maximum 18 cycles for 6-weekly dosing or 35 cycles for 3-weekly dosing (or a combination of both) **or** to a maximum of 2 years of treatment. **Patients may have treatment breaks for reasons other than progression (e.g., toxicities, treatment holiday, vacation).**
  - Retreatment may be permitted (see Eligibility).

## **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).

## **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).
- 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 the GO Systemic Therapy physician at your regional cancer centre or GO Systemic Therapy Chair with any problems or questions regarding this treatment program.**

## **References:**

1. Marabelle A, Fakih M, Lopez J, et al. Association of tumour mutational burden with outcomes in patients with advanced solid tumours treated with pembrolizumab: prospective biomarker analysis of the multicohort, open-label, phase 2 KEYNOTE-158 study. *Lancet Oncol.* 2020 Oct;21(10):1353-1365.
2. Pembrolizumab (Keytruda) CADTH Reimbursement Recommendation. *Canadian Journal of Health Technologies* 2023; 3(2):1-20.

## Appendix. Dose Bands

### PEMBROLIZUMAB DOSE BANDING TABLE (4 mg/kg capped 400 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 137.5		Pharmacy prepares specific dose
137.5	162.49	150
162.5	187.49	175
187.5	221.49	200
221.5	242.49	225
242.5	264.49	250
264.5	284.49	275
284.5	332.49	300
332.5	374.49	350
374.5	400	400