BC Cancer Protocol Summary for the Treatment of Multicentric Castleman's Disease (MCD) Negative for Human Immunodeficiency Virus (HIV) and Human Herpes Virus – 8 (HHV-8) Using Siltuximab

Protocol Code *LYSILTUX*

Tumour Group *Lymphoma*

Contact Physician *Dr. Alina Gerrie*

ELIGIBILITY:

- Biopsy proven symptomatic HIV negative, HHV-8 negative, multicentric Castleman's disease

TESTS:

- Baseline (required before first treatment): CBC & diff, platelets, hemoglobin, creatinine, bilirubin, ALT. LDH, CRP
- Baseline (required, but results do not have to be available to proceed with first treatment; results must be checked before proceeding with further treatment): HBsAg, HBcoreAb, hepatitis C antibody
- **Cycle 1 to 4**: Prior to treatment: CBC & diff, platelets
- **Cycle 5 and subsequent cycles**: Prior to alternate cycles i.e., even numbered cycles

PREMEDICATIONS:

(Note: patients should bring their own supply)

- diphenhydrAMINE 50 mg PO q 4 h during the IV infusion
- acetaminophen 650 to 975 mg PO q 4 h during the IV infusion

SUPPORTIVE MEDICATIONS:

If HBsAg or HBcoreAb positive, start lamiVUDine 100 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:

Drug	Dose	BC Cancer Administration Standard
siltuximab	11 mg/kg	IV in 250 mL D5W over 1 hour Administer using a 0.2 micron in-line filter

Repeat every 3 weeks until disease progression. Reversal of all symptoms is achieved in most patients; shrinkage of lymphadenopathy is induced in a substantial minority. Continued control of the symptoms requires indefinite administration of the siltuximab although it is often possible to lengthen the intervals between doses. After greater than 6 months of continued control the

interval between doses can be lengthened to the maximum that maintains complete symptomatic control.

DOSE MODIFICATIONS:

ANC (x10^9/L)		Platelets (x10^9/L)	siltuximab
greater than or equal to 1	and	greater than or equal to 50	100%
less than 1	or	less than 50	delay until recovery

Hemoglobin* (g/L)	siltuximab
less than 170	100%
greater than or equal to 170	delay until recovery

*siltuximab may increase hemoglobin levels in MCD patients

PRECAUTIONS:

1. **Hypersensitivity:** Infusion related reactions most commonly involve pruritus, erythema, chest pain and nausea. Anaphylaxis may rarely occur (1.2%). Once resolved, siltuximab may be reinitiated at a lower infusion rate. See BC Cancer Hypersensitivity Guidelines.
2. **Infection:** Siltuximab may mask signs and symptoms of infection. Do not administer in patients with a severe infection, until the infection has resolved. Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Hepatitis B Reactivation:** All lymphoma patients should be tested for both HBsAg and HBcoreAb. 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 test 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.
4. **Gastrointestinal Obstruction or Perforation:** There have been rare reports of gastrointestinal obstruction or perforation. Use with caution in patients at risk for perforation. Symptoms possibly indicative of such complications should be carefully investigated and appropriately treated.

Call Dr. Alina Gerrie or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References:

1. Fajgenbaum DC, van Rhee F, Nabel CS. HHV-8-negative, idiopathic multicentric Castleman disease: novel insights into biology, pathogenesis, and therapy. Blood 2014;123(19):2924-33.
2. Matsuyama M, Suzuki T, Tsuboi H, et al. Anti-interleukin-6 receptor antibody (tocilizumab) treatment of multicentric Castleman's disease. Intern Med 2007;46(11):771-4.
3. Nishimoto N, Kanakura Y, Aozasa K, et al. Humanized anti-interleukin-6 receptor antibody treatment of multicentric Castleman disease. Blood 2005;106(8):2627-32.
4. van Rhee F, Fayad L, Voorhees P, et al. Siltuximab, a novel anti-interleukin-6 monoclonal antibody, for Castleman's disease. J Clin Oncol 2010;28(23):3701-8.
5. Kurzrock R, Voorhees PM, Casper C, et al. A phase I, open-label study of siltuximab, an anti-IL-6 monoclonal antibody, in patients with B-cell non-Hodgkin lymphoma, multiple myeloma, or Castleman disease. Clin Cancer Res 2013;19(13):3659-70.

6. van Rhee F, Wong RS, Munshi N, et al. Siltuximab for multicentric Castleman's disease: a randomised, double-blind, placebo-controlled trial. Lancet Oncol 2014;15(9):966-74.
7. Liu YC, Stone K, van Rhee F. Siltuximab for multicentric Castleman disease. Expert Rev Hematol 2014;7(5):545-57.