BC Cancer Protocol Summary for the Treatment of Locally Advanced or Metastatic Cutaneous Squamous Cell Carcinoma using Cemiplimab

Protocol Code	*SMAVCEM*
Tumour Group	*Skin and Melanoma*
Contact Physician	*Dr. Vanessa Bernstein*

ELIGIBILITY:

Patients must have:
- metastatic (nodal or distant) or locally advanced cutaneous squamous cell carcinoma (CSCC), and
- No further options for surgery and radiotherapy, or have contraindications to these therapies, or for whom these therapies would be debilitating or disfiguring.

Patients should have:
- Adequate hepatic and renal function
- Access to a treatment centre with expertise to manage immune-mediated adverse reactions of cemiplimab

Note:
- Retreatment is permitted if they did not previously progress while on cemiplimab therapy, or
- Patients may switch from chemotherapy to cemiplimab or use cemiplimab after chemotherapy

EXCLUSIONS:

Patients must not have:
- Active central nervous system metastases (unless asymptomatic and/or stable)
- Received prior anti-PD1 or anti-PDL-1 therapy
- Received prior treatment for CSCC with cetuximab.

CAUTIONS:

- Concurrent autoimmune disease
- 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, morning serum cortisol, appropriate imaging
- 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, serum or urine HCG (required for woman 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.
- Antiemetic protocol for low emetogenicity (see SCNAUSEA).
- If prior infusion reactions to cemiplimab: 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
cemiplimab	350 mg	IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter

- Repeat **every 3 weeks** up to a maximum of 96 weeks

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, http://www.bccancer.bc.ca/chemotherapy-protocols-site/Documents/Supportive%20Care/SCIMMUNE_Protocol.pdf).

PRECAUTIONS:

- **Serious immune-mediated reactions**: these can be severe to fatal and usually occur during the treatment course. They may include enterocolitis, intestinal perforation or hemorrhage, hepatitis, dermatitis, neuropathy, endocrinopathy, 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).

- **Infusion-related reactions:** isolated cases of severe reaction have been reported. In case of a severe reaction, cemiplimab infusion should be discontinued and appropriate medical therapy administered. Patients with mild or moderate infusion reaction may receive cemiplimab with close monitoring. Premedications with acetaminophen and anti-histamine may be considered if there is a history of reaction.

Call Dr. Vanessa Bernstein or tumour group delegate at 250-519-5500 or 1-800-670-3322 with any problems or questions regarding this treatment program.

References:

1. Migden MR, Rischin D, Schmults CD, et al. PD-1 blockade with cemiplimab in advanced cutaneous squamous cell carcinoma. N Engl J Med 2018;379(4):341-51.
2. Migden MR, Khushalani NI, Chang ALS, et al. Cemiplimab in locally advanced cutaneous squamous cell carcinoma: results from an open-label, phase 2, single-arm trial. Lancet Oncol 2020;21(2):294-305.
3. Weber JS, et al. Management of adverse events following treatment with anti-programmed death-1 agents. Oncologist 2016;21:1-11.
4. Pan-Canadian Oncology Drug Review. Expert Review Committee final recommendation of cemiplimab (LIBTAYO®) for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma (CSCC) who are not candidates for curative surgery or curative radiation. 22 January 2020.
5. sanofi-aventis Canada Inc. LIBTAYO® product monograph. Laval, Quebec; 10 April 2019.
6. Rischin D, Migden MR, Lim AM, et al. Phase 2 study of cemiplimab in patients with metastatic cutaneous squamous cell carcinoma: primary analysis of fixed-dosing, long-term outcome of weight-based dosing. J Immunother Cancer 2020;8:e000775. doi:10.1136/ jitc-2020-000775.