SACT PROTOCOL

The Clatterbridge Cancer Centre NHS Foundation Trust

Systemic Anti Cancer Therapy Protocol

Cemiplimab
Cutaneous Squamous Cell Carcinoma

PROTOCOL REF: MPHACEMSK
(Version No.1.1)

Approved for use in:

- First line treatment of histologically or cytologically confirmed locally advanced or metastatic cutaneous squamous cell carcinoma, which is not a candidate for curative surgery or curative radiotherapy.
- ECOG performance status score must be 0 or 1.
- Patient must have no symptomatically active brain or leptomeningeal metastases.
- Blueteq registration is required – please consult for full eligibility criteria.

Dosage:

Drug	Dose	Route	Frequency
Cemiplimab	**350mg**	IV infusion	Day 1 only of a 21 day cycle

Maximum treatment duration of 2 years (or 35 3-weekly cycles of cemiplimab) – whichever occurs first.

Administration (+/- Counselling Points):

Women of childbearing potential should use effective contraception throughout treatment and for at least 4 months following the last dose of cemiplimab.

Contact the triage team for the following:

- New or worsening cough, chest pain or shortness of breath
- Diarrhoea or severe abdominal pain (with or without blood/mucous)

- Jaundice, severe nausea or vomiting, or easy bruising or bleeding
- Persistent or unusual headache, extreme weakness, dizziness or fainting, or vision changes
- Fatigue
- Monitor for signs of infection / sepsis

Emetogenic risk:

Minimal emetogenic.

Supportive treatments:

None required routinely.

Extravasation risk:

Monoclonal antibody – considered to be neutral.

Dosing in renal and hepatic impairment:

Renal	No dose adjustment is recommended, however there is limited data for patients with severe renal impairment (CrCl <30ml/min).

Hepatic	No dose adjustment is recommended for patients with mild hepatic impairment; however cemiplimab has not been studied in patients with moderate or severe hepatic impairment.

Interactions:

No pharmacokinetic drug-drug interaction studies have been conducted with cemiplimab. The use of systemic corticosteroids or immunosuppressants before starting cemiplimab, except for physiological doses of systemic corticosteroid (≤10 mg/day prednisone or equivalent), should be avoided because of their potential interference with the pharmacodynamic activity and efficacy of cemiplimab. However, systemic corticosteroids or other immunosuppressants can be used after starting cemiplimab to treat immune-related adverse reactions.

Treatment schedule:

Day	Drug	Dose	Route	Diluent and rate
1	**Cemiplimab**	**350mg**	**IV**	Sodium Chloride 0.9% 100mL over 30 minutes

Main toxicities:

Cemiplimab	
Immune-Mediated Pneumonitis	Refer to Immuno-Oncology toxicity specific guidance for adverse event management
Immune-Mediated Colitis	Refer to Immuno-Oncology toxicity specific guidance for adverse event management
Other Immune-Mediated Toxicities: Hypophysitis Nephritis Hyperthyroidism or Hypothyroidism Myocarditis Adrenal insufficiency Less frequently: Exfoliative dermatitis, uveitis, arthritis, myositis, pancreatitis, haemolytic anaemia	Monitor LFTs, biochemistry, cortisol and TFTs regularly Refer to Immuno-Oncology toxicity specific guidance for adverse event management
Other non-immune adverse events: Fatigue, anaemia Cough, dyspnoea Nausea, decreased appetite Pruritis, rash Constipation, diarrhoea Arthralgia	Refer to Immuno-Oncology toxicity specific guidance for adverse event management
Laboratory abnormalities: Hyponatraemia, hypocalcaemia, hyperglycaemia, hypertriglyceridaemia	Refer to Immuno-Oncology toxicity specific guidance for adverse event management

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Investigations and treatment plan:

	Pre	Cycle 1	Cycle 2	Prior to cycle 3	Cycle 3	Ongoing
Informed Consent	X					
Clinical Assessment	X			X		Every 12 weeks thereafter or as clinically indicated
SACT Assessment (to include PS and toxicities)	X	X	X		X	Every cycle
Immunotherapy bloods as per Meditech order set: FBC, U&E, Calcium, Magnesium, Phosphate, LFTs (AST, ALT, ALP, GGT, Total bilirubin), LDH,CRP	X	X	X		X	Every cycle
TFTs, cortisol, blood glucose, HbA1c	X	X	X		X	Every cycle
Lipid profile (cholesterol).	X					At baseline then if clinically indicated
Fatigue profile as per Meditech order set: B12, folate, Iron profile, vitamin D, Zinc, Testosterone (men only), ESR	X					At baseline then if clinically indicated
CrCl (Cockcroft and Gault)	X					Every cycle only if baseline CrCL <30ml/min or creatinine increases above 1.5x upper limit of normal
CT scan	X					Every 12 weeks/if clinically indicated
ECG	X					At baseline and thereafter as clinically indicated (ECG to be reviewed by clinical team)
Trop-T, CK, pro-BNP	X					

Full set of observations (*BP, heart rate, temperature, respiratory rate and O_2 sats*)	X	X	X		X	Every cycle
Weight recorded	X	X	X		X	Every cycle
Height recorded	X					

Pregnancy test if applicable
Serum samples for HIV, Hep C antibody and HBsAg if risk factors

Dose Modifications and Toxicity Management:

- Dosing delay or discontinuation may be required based on individual safety and tolerability.
- Guidelines for permanent discontinuation or withholding of doses are contained in dose modifications.
- Detailed guidelines for the management of immune-related adverse reactions are provided in the CCC Immuno-Oncology toxicity specific guidance for adverse event management.

Treatment Threshold

Administer treatment on day 1 if:

Platelets	Neutrophils	Serum Creatinine	Bilirubin	AST/ALT	Alkaline Phosphatase	TSH and Free T4
≥ 75 x 10^9/L	≥ 1.0 x 10^9/L	≤ 1.5 x ULN or baseline	<1.5 x ULN	<3 x ULN	<5 x ULN	Within range or no change from baseline

ULN = upper limit of normal

Platelets must be within normal range prior to Cycle 1.

Toxicity management:

Detailed guidelines are provided in the CCC clinical network immunotherapy acute oncology guidelines. Systemic high-dose corticosteroid with or without additional immunosuppressive therapy may be required for management of severe immune-related adverse reactions.

Toxicity Grade	Action
Grade 1 Mild	Continue treatment increase monitoring and provide symptomatic treatment.
Grade 2 Moderate	Withhold treatment until resolved to ≤ grade 1. Refer to Immuno-Oncology toxicity specific guidance for adverse event management.
Grade 3 and Grade 4 Severe	Withhold treatment. Treatment will be permanently discontinued for any unresolving grade 3-4, severe or life-threatening adverse reaction at the treating clinician's discretion. Refer to Immuno-Oncology toxicity specific guidance for adverse event management.

References:

1. https://www.medicines.org.uk/emc/product/10438/smpc. Libtayo 350mg concentrate for solution for infusion. Summary of Product Characteristics, Sanofi 28/06/2019. Last Updated 30/08/2022
2. BNF available via: https://bnf.nice.org.uk/
3. NICE: TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma. Published date: 29 June 2022.

Circulation/Dissemination

Date added into Q-Pulse	17th August 2023
Date document posted on the Intranet	

Version History

		Author name and designation	Summary of main changes
9th of August 2019	1.0	Wesley Artist Skin SRG Pharmacist	New protocol

18th of April 2023	1.1	Hugh O'Neill Skin SRG Pharmacist	Updated to new template Updated indication Updated dose modification and toxicity management to align with standard IO protocol