Regimen Reference Order – GAST – atezolizumab and bevacizumab

ARIA: GAST – [atezolizumab + bevacizumab]

Planned Course: Every 21 days until disease progression or unacceptable toxicity
Indication for Use: Unresectable Hepatocellular Carcinoma (HCC); 1st Line

Drug Alert: Immune Checkpoint Inhibitor (atezolizumab)

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
- ***AST/ALT less than 3 times upper limit of normal***
- ***Total bilirubin less than 1.5 times upper limit of normal***
- ***Creatinine clearance greater than 30 mL/minute***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – atezolizumab and bevacizumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
atezolizumab	1200 mg	IV in normal saline 250 mL over 60 minutes
bevacizumab (brand name specific)	15 mg/kg	IV in normal saline 100 mL over 30 minutes **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
Cycle 2 and Onwards		
atezolizumab	1200 mg	IV in normal saline 250 mL over 30 minutes
bevacizumab (brand name specific)	15 mg/kg	IV in normal saline 100 mL over 30 minutes **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, AST, ALT, total bilirubin, albumin, glucose, sodium, potassium, calcium, magnesium, phosphate, TSH, urine protein and blood pressure as per Physician Orders
    - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after atezolizumab or after bevacizumab infusions. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
    - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

ADDITIONAL INFORMATION

- atezolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**