

# BC Cancer Protocol Summary for the Treatment of Unresectable or Metastatic Melanoma Using Ipilimumab

**Protocol Code**

*SMAVIPI*

**Tumour Group**

*Skin and Melanoma*

**Contact Physician**

*Dr. Vanessa Bernstein*

## ELIGIBILITY:

Patients must have:

- Unresectable stage III or stage IV melanoma
- At least one prior systemic therapy (Note: this may include pembrolizumab or nivolumab)

Patients should have:

- Adequate hepatic and renal function,
- Life expectancy of at least 4 months, and
- Access to a treatment centre with expertise to manage immune-mediated adverse reactions of ipilimumab.

## EXCLUSIONS:

Patients must not have:

- Active central nervous system metastases (unless asymptomatic and/or stable)

## 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, serum morning cortisol
- Before each treatment: CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH
- If clinically indicated: morning serum cortisol, lipase, glucose, 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 but recommended).

## PREMEDICATIONS:

- Antiemetics are not usually required.
- Antiemetic protocol for low emetogenicity (see SCNAUSEA).
- If prior infusion reactions to ipilimumab: 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
ipilimumab	3 mg/kg IV every 3 weeks	IV in 50 to 250 mL NS over 30 minutes using a 0.2 micron in-line filter

- Repeat every 3 weeks for 4 cycles
- If stable disease (more than 3 months) or complete / partial response, consider repeating treatment course (re-induction) at disease progression

## 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:

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

**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.**

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