Regimen Monograph

A - Regimen Name

XELOX+NIVL Regimen

Capecitabine (Xeloda®) - Oxaliplatin - Nivolumab

Disease Site

Gastrointestinal
- Esophagus
- Gastric / Stomach

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

First-line treatment of HER2-negative unresectable advanced or metastatic gastric, esophagogastric junction, or esophageal adenocarcinoma

Supplementary Public Funding	**nivolumab** New Drug Funding Program (Nivolumab - First-line Treatment of Advanced Gastric, Esophageal, and Esophagogastric Junction Adenocarcinoma) (NDFP Website) **capecitabine** ODB - General Benefit (capecitabine) (ODB Formulary)

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B - Drug Regimen

nivolumab[1, 2]	4.5 mg /kg	IV (max 360 mg)	Day 1; q21 days
oxaliplatin	130 mg /m²	IV	Day 1
capecitabine	1000 mg /m²	PO	BID, Days 1 to 14

[1] Give nivolumab before chemotherapy when given on the same day.

[2] Dosing based on NDFP funding criteria. Refer to NDFP form for alternative nivolumab dosing schedule (3 mg/kg IV q14 days; maximum dose 240 mg).

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C - Cycle Frequency

XELOX^: Repeat every 21 days, until disease progression or unacceptable toxicity occurs

NIVOLUMAB^: Repeat every 21 days (4.5 mg/kg)† for up to 2 years (including doses given with XELOX), unless disease progression or unacceptable toxicity, whichever occurs first

^If chemotherapy is discontinued after at least 1 cycle due to intolerance, nivolumab may be continued as single agent (Refer to NIVL(MNT)) for up to 2 years, unless disease progression or unacceptable toxicity.

†Alternative nivolumab dosing schedule is 3 mg/kg IV q14 days.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (XELOX)
No routine prophylaxis for capecitabine

Oxaliplatin premedication (prophylaxis for infusion reactions):

- There is insufficient evidence that routine prophylaxis with pre-medications reduces IR rates.
- Consider corticosteroids and H1-receptor antagonists ± H2-receptor antagonists in high-risk patients (i.e. ≥ cycle 6, younger age, female gender, prior platinum exposure, platinum-free interval ≥ 3 years).

Other Supportive Care:

- Topical emollients (e.g. hand creams, udder balm) therapy may ameliorate the manifestations of hand-foot syndrome in patients receiving capecitabine.
- Standard antidiarrheal agents (e.g. loperamide) should be initiated, as medically appropriate, as early as possible.
- Patients should be counselled about cold avoidance prior to receiving oxaliplatin, since cold temperatures can precipitate or exacerbate acute neurological symptoms.
- Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Outpatient prescription for home administration (capecitabine)

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	25.240 minutes
Nursing Workload (average time per visit)	54.167 minutes

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K - References

CADTH Reimbursement Recommendation: Nivolumab (For the treatment of adult patients with human epidermal growth factor receptor 2–negative advanced or metastatic gastric, gastroesophageal junction, or esophageal adenocarcinoma). March 2022.

Janjigian YY, Shitara K, Moehler M, et al. First-line nivolumab plus chemotherapy versus chemotherapy alone for advanced gastric, gastro-oesophageal junction, and oesophageal adenocarcinoma (CheckMate 649): a randomised, open-label, phase 3 trial. Lancet 2021 Jul 3;398(10294):27-40.

PEBC Advice Documents or Guidelines

- Systemic Therapy for Advanced Gastric and Gastro-Esophageal Carcinoma

April 2023 Updated DPD deficiency information in the Other Notes section

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L - Other Notes

DPD Deficiency Testing and Guidance:

Patients should be tested for DPD deficiency before starting treatment with capecitabine. Refer to the DPD Deficiency Guidance for Clinicians for more information.

In patients with unrecognized DPD deficiency, acute, life-threatening toxicity may occur; if acute grade 2-4 toxicity develops, treatment should be stopped immediately and permanent discontinuation considered based on clinical assessment of the toxicities.

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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