

GUIDANCE ON THE MANAGEMENT OF NAUSEA AND VOMITING WITH ZOLBETUXIMAB ADMINISTRATION

Based on Expert Guidance: Anticipate, Administer, and Manage

The information provided here is to assist in zolbetuximab infusion clinic planning and to manage the possible side effects of nausea and vomiting. Treatment decisions are left to the clinical discretion of the prescriber.

Please refer to Vyloy® (zolbetuximab for injection) Product Monograph: [Link](#)



Acute Nausea and/or Vomiting

- Occurrences of nausea/vomiting were highest during cycle 1 and decreased significantly thereafter¹
 - **Median time to the first occurrence of nausea/vomiting was <1 hr after initiation of zolbetuximab infusion¹**
- In two global phase 3 trials ~3 out of 4 patients experienced nausea, and ~2 out of 3 patients experienced vomiting^{2,3}



Infusion Modification

- **No dose reduction for zolbetuximab is recommended⁴**
 - Nausea and vomiting are managed by reducing the infusion rate, infusion interruption, withholding the dose, and/or permanent discontinuation⁴
- **As outlined in the PM, begin each infusion at the slower rate (i.e., 50% slower) for the first 30-60 mins; if tolerated, gradually increase the rate⁴**

High-level Recommendations From the Delphi Panel⁵



- An international RAND/UCLA modified Delphi panel included 15 clinicians from the US, Europe, Japan and South Korea
 - Panelists^a were selected based on their experience in the zolbetuximab clinical trials

Prophylaxis prior to the first and subsequent infusions

- ✓ Use National Comprehensive Cancer Network® (NCCN®) - recommended regimens for **high emetic risk** prophylactically⁶



NK-1 RA + 5-HT3 RA + dexamethasone + olanzapine

Or

NK-1 RA + 5-HT3 RA + dexamethasone

Or

5-HT3 RA + dexamethasone + olanzapine

During infusions



- ✓ If a patient experiences any nausea and/or vomiting:
 - ⏸ Interrupt zolbetuximab infusions temporarily for 30–60 mins^b
 - ⚡ Administer antiemetic medications not used for prophylaxis (rescue)
 - 💧 Provide IV hydration
 - ⚠ Zolbetuximab should not be discontinued permanently without first attempting to modify or temporarily interrupt the infusion and/or without providing additional treatment for nausea and vomiting in the absence of hypersensitivity reactions or IRR
- ⌚ Adjust the zolbetuximab infusion rate
 - If infusion was running at the PI rate, slow rate by 50%; if the infusion rate had already been slowed to 50%, slow by an additional 50% (i.e., 25% of the initial rate)
 - For second or subsequent infusions: if the infusion rate was slowed to 50% of the PI rate and symptoms improved, start at the slowed rate

Additional helpful information



- ✓ Nausea and vomiting will likely improve after the first zolbetuximab infusion and with subsequent infusions
- ✓ For maximal mucosal protection, administer antiulcer medications (e.g., PPIs or H₂ blockers) a few days to 1 week before zolbetuximab treatment
- ✓ Administer rescue antiemetics to manage nausea and/or vomiting.
- ✓ Consider a scopolamine patch for refractory nausea or vomiting where premedication options have been escalated

These recommendations can be utilized by clinicians to prevent and manage nausea and/or vomiting in patients receiving zolbetuximab + chemotherapy, improving patient care.

^aExperts reviewed 382 scenarios, reaching an agreement in 85% (n=324). ^bIf symptoms improve, restart infusion at a slower rate for vomiting or at the same rate as before for nausea alone.

5-HT3 RA, 5-hydroxytryptamine (serotonin) receptor subtype 3 antagonist; **H₂**, histamine subtype H2 receptor; **IRR**, infusion-related reaction; **IV**, intravenous; **NCCN**, National Comprehensive Cancer Network; **NK-1 RA**, neurokinin subtype 1 receptor antagonist; **PM**, product monograph; **PPI**, proton pump inhibitor; **RAND/UCLA**, RAND Corporation/University of California, Los Angeles; **US**, United States.

1. Shitara K, et al. ASCO G/ 2024. Abstract #372. 2. Shitara K, et al. *Lancet*. 2023;401(10389):1655-1668. 3. Shah MA, et al. *Nat Med*. 2023;29(8):2133-2141. 4. Vyloy® (zolbetuximab for injection) Product Monograph, April 28, 2025. 5. Klempner SJ, et al. *ESMO Gastrointestinal Oncology*. 2025;7:100131. 6. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.1.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed April 3, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

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