SURVIVAL*

***Should be loud**

PEDMARK may help protect hearing—so victories can be heard[1]

See Indication statement below.

pedmark® (sodium thiosulfate injection)

Antiemetic protocols that may support PEDMARK administration—in clinic or at home[2]:

Not medical advice; based on anecdotal experience. See Prescribing Information for Warnings and Precautions.

	In-clinic infusions	At-home infusions
Night before PEDMARK:	● Olanzapine 5-10 mg PO	
Pre-Cisplatin (CINV Protocol):	Aprepitant 150 mg IV Dexamethasone† 10 mg IV Palonosetron 0.25 mg IV	
1 hour before PEDMARK:	Lorazepam 0.5 mg IV	● Lorazepam 0.5 mg PO
	● Famotidine 20 mg IV	
30 minutes before PEDMARK:	Diphenhydramine 12.5 mg IV Dexamethasone† 10 mg IV	● Diphenhydramine 25 mg PO ● Dexamethasone† 10 mg PO
	● Ondansetron 8 mg IV	
During PEDMARK, if needed:	● Prochlorperazine 5-10 mg IV	

- Oral prescribed meds to be filled at patient's local pharmacy at least the day PRIOR to PEDMARK infusion
- PEDMARK and IV drugs sent to patient's home by Fennec HEARS™

NCCN GUIDELINES®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis recommends a prophylactic antiemetic regimen for patients receiving emetogenic anticancer agents (per institutional/clinician preferences).[3]

Nonpharmacologic antiemetic support for PEDMARK may include hydration, small, high-calorie, easy-to-eat meals, bland meals, gum/candy, aromatherapy, meditation, and music[4,5]

CINV=chemotherapy-induced nausea and vomiting, IV=intravenous, NCCN=National Comprehensive Cancer Network, PO=by mouth.

†Dexamethasone dose not to exceed 20 mg in a 24-hour period.[2]

INDICATIONS AND USAGE

PEDMARK (sodium thiosulfate injection) is indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.

LIMITATIONS OF USE

The safety and efficacy of PEDMARK have not been established when administered following cisplatin infusions longer than 6 hours. PEDMARK may not reduce the risk of ototoxicity when administered following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.

For additional information, please see the PEDMARK prescribing information at pedmarkHCP.com

When victory echoes, support should too

Support to help every patient—and every team—hear the full impact of survivorship.

Available Resources

For Your Team

- PEDMARK in-service overview
- Antiemetic + administration guidance
- Downloadable clinical tools and resources

For Your Patients

- Home infusion coordination
- Enrollment and reimbursement assistance
- Patient prep and educational materials

Need help or have questions?

Request a Fennec HEARS™ representative for personalized support.

Contact Fennec HEARS™: **855-615-7946**

Scan to access resources and enrollment forms at PEDMARK.com

IMPORTANT SAFETY INFORMATION

- PEDMARK is contraindicated in patients with history of a severe hypersensitivity to sodium thiosulfate or any of its components.
- Hypersensitivity reactions occurred in 8% to 13% of patients in clinical trials. Monitor patients for hypersensitivity reactions. Immediately discontinue PEDMARK and institute appropriate care if a hypersensitivity reaction occurs. Administer antihistamines or glucocorticoids (if appropriate) before each subsequent administration of PEDMARK. PEDMARK may contain sodium sulfite; patients with sulfite sensitivity may have hypersensitivity reactions, including anaphylactic symptoms and life-threatening or severe asthma episodes. Sulfite sensitivity is seen more frequently in people with asthma.
- PEDMARK is not indicated for use in pediatric patients less than 1 month of age due to the increased risk of hypernatremia or in pediatric patients with metastatic cancers.
- Hypernatremia occurred in 12% to 26% of patients in clinical trials, including a single Grade 3 case. Hypokalemia occurred in 15% to 27% of patients in clinical trials, with Grade 3 or 4 occurring in 9% to 27% of patients. Monitor serum sodium and potassium at baseline and as clinically indicated. Withhold PEDMARK in patients with baseline serum sodium greater than 145 mmol/L.
- Monitor for signs and symptoms of hypernatremia and hypokalemia more closely if the glomerular filtration rate (GFR) falls below 60 mL/min/1.73 m^2.
- Administer antiemetics prior to each PEDMARK administration. Provide additional antiemetics and supportive care as appropriate.
- The most common adverse reactions (≥25% with difference between arms of >5% compared to cisplatin alone) in SIOPEL6 were vomiting, nausea, decreased hemoglobin, and hypernatremia. The most common adverse reaction (≥25% with difference between arms of >5% compared to cisplatin alone) in COG ACCL0431 was hypokalemia.

For additional information, please see the PEDMARK prescribing information at pedmarkHCP.com

References: 1. PEDMARK [package insert]. Hoboken, NJ: Fennec Pharmaceuticals, Inc.; October 2023. **2.** Data on file, Fennec Pharmaceuticals, Inc. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis Version 2.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed May 12, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. **4.** American Cancer Society. Nutrition for the Person Getting Cancer Treatment, Accessed April 25, 2025. https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/nutrition-for-the-patient-with-cancer-during-treatment.pdf **5.** Li K, Cai Y, Xie S, et al. *Biomed Res Int*. Evidence summary for nonpharmacological management of chemotherapy-induced nausea and vomiting. 2022;23:4741193.

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