

Regimen Reference Order – GAST – PANitumumab + FOLFOX-6 (MET)

ARIA: GAST - [PANitumumab + FOLFOX-6]

Planned Course: Every 14 days until disease progression or unacceptable toxicity

Indication for Use: Colorectal Cancer Metastatic

CVAD: Required (Ambulatory Pump)

Proceed with treatment if:

ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – PANitumumab + FOLFOX-6 (MET)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
PANitumumab	6 mg/kg	IV in normal saline 100 mL over 1 hour If Cycle 1 of PANitumumab is tolerated, the subsequent infusions may be administered over 30 minutes Doses greater than 1000 mg must be administered over 90 minutes <i>Use 0.2 or 0.22 micron filter</i>

Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)

oxaliplatin	100 mg/m ²	IV in D5W 500 mL over 2 hours <i>*Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector</i>
leucovorin	400 mg/m ²	IV in D5W 500 mL over 2 hours
fluorouracil	400 mg/m ²	IV Push over 5 minutes
fluorouracil	2400 mg/m ²	IV in D5W continuously over 46 hours by ambulatory infusion device

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, biochemistry and magnesium as per Physician Orders
- Clinical toxicity assessment prior to each cycle (including dermatological, gastrointestinal, pulmonary and ophthalmic assessment)
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed
doxycycline	100 mg	Orally twice daily for 14 days. Repeat with each cycle
Sunscreen	Broad-spectrum, Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply liberally to exposed skin 30 minutes before going outdoors. Reapply every 2 hours and after swimming
Moisturizing lotion	Fragrance-free	Apply topically to face, hands, feet, neck, back and chest daily in the morning on rising and as needed

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to continue taking anti-emetic(s) and to use recommended support medications at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required