

Regimen Reference Order – GENU – DOCeTaxel + CARBOplatin

ARIA: GENU – [DOCeTaxel + CARBO]

Planned Course: Every 21 days up to 10 cycles

Indication for Use: Prostate Cancer, Metastatic, Castration-Resistant

CVAD: At Provider's Discretion

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
dexamethasone	8 mg	Orally twice a day the day before DOCeTaxel treatment and one dose the morning of DOCeTaxel treatment (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions</i>

Treatment Regimen – GENU – DOCeTaxel + CARBOplatin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
prednisONE	10 mg	Orally once in the morning with food (Self-administered at home)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy <i>*Nursing Alert: this dose is in addition to the 8 mg self-administered dose taken at home morning of Day 1</i>
DOCeTaxel	75 mg/m ²	IV in normal saline 250 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> Administer at 100 mL/hour for 15 minutes, then Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i> OR

		<p>For 500 mL bags (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability):</p> <p>IV in normal saline 500 mL over 1 hour, following the administration rates below:</p> <ul style="list-style-type: none"> • Administer at 200 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes <p><i>Use non-DEHP bags and non-DEHP administration sets</i></p>
normal saline	100 mL	<p>ONLY for patients with a PORT</p> <p>IV over 12 minutes</p> <p><i>*Nursing Alert: This volume is to be administered after standard flush</i></p>
CARBOplatin	AUC 4 mg/mL.min; maximum dose 600 mg (see table below)	IV in D5W 250 mL over 30 minutes
Days 2 to 21		
predniSONE	10 mg	Orally once daily in the morning with food (Self-administered at home)
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, serum creatinine, urea, electrolytes, liver enzymes, bilirubin and PSA as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after DOCEtaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

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) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CARBOplatin dose considerations:
 - CCMB Genitourinary DSG uses **actual body weight** to calculate GFR
 - CCMB Genitourinary DSG uses a maximum CARBOplatin dose of 600 mg
 - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

**CARBOplatin Dosing Calculations
per CCMB Genitourinary DSG**

Calculation of CARBOplatin dose: (maximum 600 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in umol/L}} = \text{___ mL/min}$$

N = 1.23 in males

AUC (mg/mL.min) <hr style="width: 50%; margin: 0 auto;"/> 4	X	GFR + 25 (mL/min) <hr style="width: 50%; margin: 0 auto;"/> ___ + 25	=	Total Dose (mg) <hr style="width: 50%; margin: 0 auto;"/>
---	---	--	---	---

AUC= Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation may not be appropriate for some patient populations (for example, acute renal failure).