

## Regimen Reference Order – GENU – TIP

ARIA: GENU - [TIP]

**Planned Course:** Every 21 days up to a maximum of 4 cycles

**Indication for Use:** Germ Cell Tumor Relapsed

**CVAD:** At Provider’s Discretion

**Proceed with treatment if:**

**ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $90 \times 10^9/L$**

❖ **Contact primary Medical Oncologist if parameters not met**

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

#### Treatment Regimen – GENU – TIP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Day 1</b>		
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes <b>1 hour</b> prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>
<b>Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel</b>		
PACLitaxel	175 mg/m <sup>2</sup>	IV in normal saline 500 mL over 3 hours, following the administration rates below: <ul style="list-style-type: none"> <li>• Administer at 100 mL/hour for 15 minutes, then</li> <li>• Administer remaining volume over 2 hours and 45 minutes</li> </ul> Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter <i>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</i>

**Days 2 to 6**

Drug	Dose	CCMB Administration Guideline
normal saline	500 mL	Over 1 hour (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy on <b>Day 2</b>
	80 mg	Orally 1 hour pre-chemotherapy on <b>Days 3 to 6</b>

ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy on <b>Day 2</b>
	8 mg	Orally 30 minutes pre-chemotherapy on <b>Days 3 to 6</b>
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
mesna	240 mg/m <sup>2</sup>	IV in normal saline 50 mL over 15 minutes immediately prior to ifosfamide
ifosfamide	1200 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour <i>*Alert: start of ifosfamide infusion will be considered "Hour 0"</i>
CISplatin	20 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour from "Hour 1" to "Hour 2"
normal saline	500 mL	IV over 2 hours (Post hydration) from "Hour 2" to "Hour 4"
mesna	240 mg/m <sup>2</sup>	IV in normal saline 50 mL over 15 minutes at "Hour 4"
mesna	480 mg/m <sup>2</sup>	Orally with juice or soft drink at "Hour 6" <b>(Self-administered at home)</b> <i>*Nursing Alert: Inform patient time to take dose</i>

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

## REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver functions, alpha feto protein (AFP), βHCG and random glucose as per Physician Orders
- Monitoring for cystitis and neurotoxicity
- Audiometry testing if clinically indicated

## Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 7 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
aprepitant	80 mg	Orally once daily on Days 7 and 8
dexamethasone	8 mg	Orally once daily on Days 7 and 8
OLANzapine	2.5 mg	Orally the evening of Days 2 to 6. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 2 to 6) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

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## DISCHARGE INSTRUCTIONS

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- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
  - Instruct patient to:
    - Continue taking anti-emetic(s) at home
    - Self-administer “Hour 6” of mesna by mixing the contents of the mesna syringe in juice (not grapefruit) or soft drink. If patient vomits within 2 hours of taking “Hour 6” mesna, they should be advised to contact their cancer team. Patient may require intravenous hydration
    - Report changes in mental status; ifosfamide can cause encephalopathy (rare)
    - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
    - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of ifosfamide
    - Obtain immediate assistance as per your clinic’s contact instructions if:
      - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
      - Unable to drink recommended amount of fluid
  - Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy
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## ADDITIONAL INFORMATION

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- PAClitaxel may cause progressive, irreversible neuropathy
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- Doses may be reduced for renal dysfunction