

Regimen Reference Order

GYNE – CISplatin desensitization + PACLitaxel

ARIA: GYNE - [CIS (DESENS) + PACL q21d]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Ovarian Cancer or Endometrial Cancer / Eligible patients with previous hypersensitivity reactions to CISplatin

Alert: Desensitization protocol

CISplatin:

- *CISplatin is prepared in a total volume of 1000 mL by Pharmacy*
- *CISplatin must be the first chemotherapy agent administered when given in combination with another chemotherapy agent*
- *IV tubing is primed with CISplatin (Cytotoxic)*
- *CISplatin is administered slowly following specified rate increases. CISplatin infusion takes approximately 5.25 hours to complete*

CVAD: At Provider’s Discretion

Proceed with treatment if:

Cycle 1

- *ANC equal to or greater than 1.5 x 10⁹/L AND Platelets equal to or greater than 100 x 10⁹/L*
- *Creatinine clearance greater than 45 mL/minute*

Cycle 2 and Onwards

- *ANC equal to or greater than 1.2 x 10⁹/L AND Platelets equal to or greater than 75 x 10⁹/L*
- *Creatinine clearance greater than 45 mL/minute*

❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GYNE – CISplatin desensitization + PACLitaxel		
Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)

cetirizine	20 mg	Orally 1 hour prior to CISplatin
acetaminophen	650 mg	Orally 1 hour prior to CISplatin
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to CISplatin <i>*Nursing Alert: CISplatin starts 1 hour after completion of dexamethasone</i>
famotidine	20 mg	IV in normal saline 50 mL over 15 minutes 45 minutes prior to CISplatin
Wait 45 minutes after completion of IV pre-medication(s) before starting CISplatin		
CISplatin	50 mg/m ²	IV in normal saline 1000 mL following the administration rates below: Step 1: 2 mL/hour for 15 minutes, then Step 2: 4 mL/hour for 15 minutes, then Step 3: 6 mL/hour for 15 minutes, then Step 4: 8 mL/hour for 15 minutes, then Step 5: 10 mL/hour for 15 minutes, then Step 6: 15 mL/hour for 15 minutes, then Step 7: 30 mL/hour for 15 minutes, then Step 8: 60 mL/hour for 15 minutes, then Step 9: 80 mL/hour for 15 minutes, then Step 10: 100 mL/hour for 15 minutes, then Step 11: 120 mL/hour for 15 minutes, then Step 12: 140 mL/hour for 15 minutes, then Step 13: 160 mL/hour for 15 minutes, then Step 14: 180 mL/hour for 15 minutes, then Step 15: 200 mL/hour for 15 minutes, then Step 16: 400 mL/hour for 15 minutes, then Step 17: 600 mL/hour until infusion is complete <i>*Alert: Pharmacy to ensure final volume in bag = 1000 mL</i> <i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i> <i>*Alert: CISplatin must be the first chemotherapy agent administered when given in combination with another chemotherapy agent</i> <i>*Nursing Alert: IV tubing is primed with CISplatin</i>
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour (Post hydration) <i>*Alert: diluent volume and duration of infusion are different than standards used in other regimens</i>
PACLitaxel	175 mg/m ²	IV in normal saline 500 mL over 3 hours, following the administration rates below:

		<ul style="list-style-type: none"> Administer at 100 mL/hour for 15 minutes, then Administer remaining volume over 2 hours and 45 minutes <p>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</p> <p>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</p>
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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 and liver enzymes as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion
- 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 CISplatin or PACLitaxel 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, 3 and 4
OLANzapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

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

- Oncologist must write first prescription of CISplatin desensitization protocol
- Once the patient requires CISplatin desensitization protocol, all subsequent CISplatin doses must be given using the desensitization protocol
- Due to the duration of treatment, administration site restrictions may be in place for CISplatin desensitization when given in combination with PACLitaxel
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- PACLitaxel may cause progressive, irreversible neuropathy