

Regimen Reference Order

GYNE – PACLitaxel + CARBOplatin (Dose Dense)

ARIA: GYNE - [PACL + CARBO (dose dense)]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Ovarian, Peritoneal, or Fallopian Cancer; Advanced
CVAD: At Provider’s Discretion

<u>Proceed with treatment if:</u>		
<u>Cycle 1</u>		
<u>Day 1</u>		
• ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$		
<u>Days 8 and 15</u>		
• ANC equal to or greater than $0.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$		
<u>Cycle 2 and Onwards</u>		
<u>Day 1</u>		
• ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$		
<u>Days 8 and 15</u>		
• ANC equal to or greater than $0.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$		
❖ Contact Physician if parameters not met		

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GYNE – PACLitaxel + CARBOplatin (Dose Dense)		
Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Day 1		
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>

Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	80 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 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>
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Days 8 and 15		
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>
Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	80 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 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>
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

Day 1

- CBC, serum creatinine and liver enzymes 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 PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Days 8 and 15

- CBC 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 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
filgrastim (brand name specific) (See <i>Filgrastim Clinical Guide</i>)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Starting Cycle 2 Subcutaneous once daily on Days 4, 5, 6 <u>and</u> 9, 10, 11 <u>and</u> 16, 17, 18 If ANC is greater than $5 \times 10^9/L$ or WBC greater than $20 \times 10^9/L$ prior to Days 1, 8 or 15, HOLD filgrastim for next 3 doses
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
- Ensure patient receives filgrastim supply if patient is self-administering at home
- 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

- PACLitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
 - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
 - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
 - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Gynecological DSG									
Calculation of CARBOplatin dose: (maximum 900 mg)									
Dose (mg) = target AUC (GFR + 25)									
$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \text{___ mL/min}$									
N = 1.04 in females									
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> AUC (mg/mL.min) <hr style="width: 80%; margin: 0 auto;"/> </td> <td style="padding: 5px;">6</td> </tr> </table>	AUC (mg/mL.min) <hr style="width: 80%; margin: 0 auto;"/>	6	X	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> GFR + 25 (mL/min) <hr style="width: 80%; margin: 0 auto;"/> </td> <td style="padding: 5px;">___ + 25</td> </tr> </table>	GFR + 25 (mL/min) <hr style="width: 80%; margin: 0 auto;"/>	___ + 25	=	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Total Dose (mg) <hr style="width: 80%; margin: 0 auto;"/> </td> </tr> </table>	Total Dose (mg) <hr style="width: 80%; margin: 0 auto;"/>
AUC (mg/mL.min) <hr style="width: 80%; margin: 0 auto;"/>	6								
GFR + 25 (mL/min) <hr style="width: 80%; margin: 0 auto;"/>	___ + 25								
Total Dose (mg) <hr style="width: 80%; 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).