Regimen Reference Order

pegylated liposomal doxorubicin + CARBOplatin

ARIA: GYNE – [doxorubicin (peg-liposomal) + CARBO]

Planned Course: Every 28 days for 6 cycles
Indication for Use: Ovarian Cancer Recurrent; Platinum-Sensitive

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***

Cycle 2 and Onwards

- ***ANC equal to or greater than 1.2 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
  - ❖ **Contact Physician if parameters not met**

***Note:* Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GYNE – pegylated liposomal doxorubicin + CARBOplatin

Establish primary solution 500 mL of: D5W (pegylated liposomal DOXOrubicin incompatible with normal saline)

Drug	Dose	CCMB Administration Guideline	
aprepitant	125 mg	Orally 1 hour pre-chemotherapy	
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy	
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy	
doxorubicin, peg-liposomal (pegylated liposomal doxorubicin)	30 mg/m^2	**Dose less than 90 mg:** IV in D5W 250 mL	**First Dose:** Over 90 minutes *(Maximum rate 1 mg/minute)*
			Subsequent Doses (if no reaction): Over 1 hour
		Dose greater than or equal to 90 mg: IV in D5W 500 mL	**First Dose:** Over 2 hours *(Maximum rate 1 mg/minute)*
			Subsequent Doses (if no reaction): Over 1 hour

CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes

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

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

All Cycles

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after pegylated liposomal doxorubicin 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

- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- CARBOplatin dose considerations:
  - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
  - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg
  - As renal function can fluctuate over time, changes to creatinine clearance between cycles may not result in CARBOplatin dose changes from the prescriber
  - CARBOplatin dose should be recalculated every 3 cycles at minimum
  - 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: (max. 900 mg)

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

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

N = 1.04 in females

$$\frac{\text{AUC (mg/mL.min)}}{6} \times \frac{\text{GFR + 25 (mL/min)}}{\_\_\_\_ + 25} = \frac{\text{Total Dose (mg)}}{}$$

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).