

Regimen Reference Order – SARC – pegylated liposomal doxorubicin

ARIA: SARC – [doxorubicin (peg-liposomal)]

Planned Course: Every 28 days until disease progression or unacceptable toxicity

Indication for Use: Soft Tissue Sarcoma, Advanced/Metastatic OR Desmoid Tumor

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

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 – SARC – pegylated liposomal doxorubicin

Establish primary solution 500 mL of: D5W

Drug	Dose	CCMB Administration Guideline	
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy	
doxorubicin, peg-liposomal (pegylated liposomal doxorubicin)	50 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

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)

Cardiac monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

All Cycles

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
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