

## Regimen Reference Order

### THOR – PACLitaxel + CARBOplatin (Adjuvant)

ARIA: LUNG - [PACL + CARBO (ADJ) q21d]

**Planned Course:** Every 21 days for 4 cycles  
**Indication for Use:** Lung Cancer Non-Small Cell Adjuvant  
**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**

### SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – THOR – PACLitaxel + CARBOplatin (Adjuvant)		
Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
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 <b>1 hour</b> 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	200 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>

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

### All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> 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
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

- PACLitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
  - CCMB Thoracic DSG uses **actual body weight** to calculate GFR
  - CCMB Thoracic 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

<b>CARBOplatin Dosing Calculations per CCMB Thoracic DSG</b>										
<b>Calculation of CARBOplatin dose: (maximum 900 mg)</b>										
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 = 1.23 in males N = 1.04 in females										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">AUC (mg/mL.min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">6</td> </tr> </table>	AUC (mg/mL.min)	6	X	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">GFR + 25 (mL/min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">___ + 25</td> </tr> </table>	GFR + 25 (mL/min)	___ + 25	=	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Total Dose (mg)</td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> </table>	Total Dose (mg)	
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6										
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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 above may not be appropriate for some patient populations (for example, acute renal failure).*