Regimen Reference Order – BRST – sacituzumab govitecan

ARIA: BRST - [sacituzumab govitecan]

Planned Course: Every 21 days (Days 1 and 8) until disease progression or unacceptable toxicity
Indication for Use: Breast Cancer Locally Advanced or Metastatic; Triple-Negative

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 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***

Day 8

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***
  - ❖ **Contact Physician if parameters not met**

Note: If a dose reduction due to neutropenia is indicated, growth factor support for Secondary Prophylaxis should be initiated

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BRST – sacituzumab govitecan

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
famotidine	40 mg	Orally 1 hour prior to sacituzumab govitecan
cetirizine	20 mg	Orally 1 hour prior to sacituzumab govitecan
acetaminophen	650 mg	Orally 30 minutes prior to sacituzumab govitecan
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
sacituzumab govitecan	10 mg/kg	IV in normal saline 500 mL over 3 hours
atropine	0.6 mg	**ONLY** *to be given if cramping or diarrhea occurs during or after sacituzumab govitecan infusion* IV Push over 2 to 3 minutes

Day 8		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
famotidine	40 mg	Orally 1 hour prior to sacituzumab govitecan
cetirizine	20 mg	Orally 1 hour prior to sacituzumab govitecan
acetaminophen	650 mg	Orally 30 minutes prior to sacituzumab govitecan
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
atropine	0.6 mg	**ONLY** *to be given if patient experienced cramping or diarrhea during or immediately after previous sacituzumab govitecan infusion* IV Push over 2 to 3 minutes prior to sacituzumab govitecan May be repeated once if diarrhea occurs during sacituzumab govitecan infusion
sacituzumab govitecan	10 mg/kg	IV in normal saline 500 mL over 2 hours **Nursing Alert: sacituzumab govitecan should be infused over 3 hours if patient experienced an infusion-related reaction with any previous dose*
Cycle 2 and Onwards		
Days 1 and 8		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
famotidine	40 mg	Orally 1 hour prior to sacituzumab govitecan
cetirizine	20 mg	Orally 1 hour prior to sacituzumab govitecan
acetaminophen	650 mg	Orally 30 minutes prior to sacituzumab govitecan
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
atropine	0.6 mg	**ONLY** *to be given if patient experienced cramping or diarrhea during or immediately after previous sacituzumab govitecan infusion* IV Push over 2 to 3 minutes prior to sacituzumab govitecan May be repeated once if diarrhea occurs during sacituzumab govitecan infusion
sacituzumab govitecan	10 mg/kg	IV in normal saline 500 mL over 1 hour **Nursing Alert: sacituzumab govitecan should be infused over 3 hours if patient experienced an infusion-related reaction with any previous dose*
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
Days 1 and 8

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Order
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after every infusion. Full vital signs prior to discharge

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
loperamide	2 – 4 mg	Orally as directed below
aprepitant	80 mg	Orally once daily on Days 2, 3, 9 and 10
dexamethasone	8 mg	Orally once daily on Days 2, 3, 9 and 10
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
In the event of a dose reduction due to neutropenia:		
filgrastim (brand name specific) *(See Filgrastim Clinical Guide)*	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneous once daily on Days 3 to 6 and Days 10 to 13

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Patient should be instructed to notify clinic if they develop a skin rash
- At the first episode of diarrhea:
  - Take loperamide 4 mg (two 2 mg tablets) orally STAT; then
  - After every episode of diarrhea, take 2 mg (one 2 mg tablet) orally
  - If diarrhea has not stopped despite taking **8 tablets (16 mg) of loperamide over a 24-hour period,** please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre
- Instruct patient to continue taking anti-emetic(s) at home
- If patient has received a dose reduction due to neutropenia, ensure they receive filgrastim supply if they are self-administering at home
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Nurse to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1
- sacituzumab govitecan can cause significant neutropenia. If a dose reduction due to neutropenia is indicated, growth factor support for Secondary Prophylaxis should be initiated