

## Regimen Reference Order – ENDO – streptozocin + fluorouracil

ARIA: ENDO – [streptozocin + fluorouracil]

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

**Indication for Use:** Adrenocortical Cancer

**CVAD:** Required (Ambulatory Pump)

**Proceed with treatment if:**

**Day 1**

- ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $50 \times 10^9/L$
- Creatinine clearance greater than or equal to 50 mL/minute

**Day 15**

- ANC equal to or greater than  $1.5 \times 10^9/L$  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 – ENDO – streptozocin + fluorouracil

Establish primary solution 500 mL of: normal saline

| Drug          | Dose                  | CCMB Administration Guideline                                      |
|---------------|-----------------------|--|
| <b>Day 1</b>  |                       |  |
| normal saline | 1000 mL               | IV over 1 hour (Pre hydration)                                     |
| aprepitant    | 125 mg                | Orally 1 hour pre-chemotherapy                                     |
| ondansetron   | 16 mg                 | Orally 30 minutes pre-chemotherapy                                 |
| dexamethasone | 12 mg                 | Orally 30 minutes pre-chemotherapy                                 |
| OLANZapine    | 2.5 mg                | Orally 30 minutes pre-chemotherapy                                 |
| streptozocin  | $1000 \text{ mg/m}^2$ | IV in normal saline 100 mL over 30 minutes                         |
| normal saline | 1000 mL               | IV over 1 hour (Post hydration)                                    |
| fluorouracil  | $2400 \text{ mg/m}^2$ | IV in D5W continuously over 46 hours by ambulatory infusion device |
| <b>Day 15</b> |                       |  |
| fluorouracil  | $2400 \text{ mg/m}^2$ | IV in D5W continuously over 46 hours by ambulatory infusion device |

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See ENDO DSG – Dose Banding document for more information

**In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’**

## REQUIRED MONITORING

### Day 1

- CBC and biochemistry (including serum creatinine, urea, phosphate, AST, ALT and total bilirubin) as per Physician Orders
- Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify medical oncologist
  - To be done prior to each dose of streptozocin

### Day 15

- CBC and biochemistry (including serum creatinine, urea and phosphate\*) as per Physician Orders
- Urinalysis for protein at the discretion of the treating physician: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify medical oncologist
  - To be done prior to each dose of streptozocin

**\*Serum creatinine, urea and phosphate not required for treatment, but may allow early intervention of renal toxicity**

## 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, 3 and 4   |
| OLANzapine    | 2.5 mg | Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled |

## DISCHARGE INSTRUCTIONS

- Instruct patient to:
  - Continue taking anti-emetic(s) at home
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Seek emergency medical treatment if a decrease in urine output is noticed
- Streptozocin may result in a sudden release of insulin resulting in hypoglycemia
  - Monitor for symptoms of hypoglycemia (muscle weakness, headache, confusion, trembling, sweating, irritability, fast heartbeat, restlessness, or slurred speech)
  - If symptoms of hypoglycemia occur, drink a beverage high in sugar such as pop or fruit juice
  - If symptoms persist after having an item high in sugar (hard candy), seek emergency medical treatment
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

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**ADDITIONAL INFORMATION**

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- Treated patients must undergo strict surveillance, looking in particular for signs of renal, hepatic or hematological toxicity. Adjustment of the dosage or interruption of the treatment may be necessary depending on the toxicity observed
- Patients with diabetes should check their blood sugars regularly