

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:

ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$

Day 1:

Creatinine clearance should be greater than or equal to 50 mL/min to proceed with treatment

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – streptozocin + fluorouracil

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
normal saline	1000 mL	IV over 1 hour (pre-hydration)
aprepitant	125 mg	Orally 60 minutes pre-chemotherapy
ondansetron	8 mg	IV in normal saline 50 mL over 15 minutes 30 minutes pre-chemotherapy
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes 30 minutes pre-chemotherapy
streptozocin	1000 mg/m^2	IV in normal saline 100 mL over 30 minutes Day 1
metoclopramide	20 mg	IV in normal saline 50 mL over 15 minutes as needed for nausea and vomiting
fluorouracil	2400 mg/m^2	IV in D5W continuously over 46 hours by ambulatory infusion device Days 1 and 15
normal saline	1000 mL	IV over 1 hour (post-hydration)

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

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

Day 1

- CBC, biochemistry (including serum phosphate, serum creatinine, BUN AST/ALT and bilirubin) as per physician order
- 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, biochemistry (including serum phosphate, sCr and BUN*) as per physician order
- 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 phosphate, sCr and BUN 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 a day in the morning on Days 2 and 3
ondansetron	8 mg	Orally every 12 hours for 5 doses starting the evening of Day 1 chemotherapy
dexamethasone	4 mg	Orally twice a day on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

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

ADDITIONAL INFORMATION

- 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