Regimen Reference Order – GAST – CISplatin + fluorouracil (ANAL)

ARIA: GAST - [CISplatin + 5-FU (anal)]

Planned Course: Every 28 days for 6 cycles Indication for Use: Anal Cancer Metastatic

CVAD: Required (Ambulatory Pump)

Proceed with treatment if:

- ANC equal to or greater than 1.5 x $10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 45 mL/minute
 - Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

	Pre-treatment Requirements					
	Drug	Dose	CCMB Administration Guideline			
Not Applicable						

Establish primary solut	tablish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline			
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (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			
CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour *Alert: CISplatin infusion must be complete prior to mannitol administration			
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)			
fluorouracil	4000 mg/m ²	IV in D5W continuously over 96 hours by ambulatory infusion device			

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 and liver enzymes as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

	Recommended Support Medications				
ı	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
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- Instruct patient to notify clinic if having significant diarrhea or vomiting
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- · CISplatin can cause hypomagnesemia

