

Regimen Reference Order – GAST – XELOX Pre- and Post-CRT (Rectal)

ARIA: GAST - [XELOX Pre/Post-CRT]

Planned Course: Pre-Concurrent Chemoradiation (Pre-CRT) Phase: XELOX every 21 days for 3 cycles, followed by:
Concurrent Chemoradiation (CRT) Phase: capecitabine with radiation (25 fractions of radiation over 5 to 6 weeks), followed by:
Post-Concurrent Chemoradiation (Post-CRT) Phase: XELOX every 21 days for 2 cycles

Indication for Use: Rectal Cancer; Chemotherapy Pre- and Post-Concurrent Chemoradiation

CVAD: Not required

Proceed with treatment if:

ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$

❖ Contact Physician if parameters are not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – XELOX Pre- and Post-CRT (Rectal)

Pre-CRT Phase – XELOX every 21 days for 3 cycles

Establish primary solution 500 mL of: D5W

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	130 mg/m^2	IV in D5W 500 mL over 2 hours
capecitabine	1000 mg/m^2	Orally twice daily on Days 1 to 14 , followed by 7 days off Take with food. Swallow whole (Self-administered at home)

Concurrent Chemoradiation (CRT) Phase – capecitabine with radiation

Drug	Dose	CCMB Administration Guideline
capecitabine	825 mg/m^2	Orally twice daily on days of radiation only Take with food. Swallow whole (Self-administered at home)

Post-CRT Phase – XELOX every 21 days for 2 cycles		
Establish primary solution 500 mL of: D5W		
Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	130 mg/m ²	IV in D5W 500 mL over 2 hours
capecitabine	1000 mg/m ²	Orally twice daily on Days 1 to 14 , followed by 7 days off Take with food. Swallow whole (Self-administered at home)
capecitabine (XELODA®) available dosage strengths: 150 mg and 500 mg tablets Classification: Cytotoxic, Hazardous		
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

XELOX (Pre- and Post-CRT Phases)

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

capecitabine with radiation (Concurrent Chemoradiation (CRT) Phase)

Prior to start of radiation

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

During radiation

- CBC once weekly as per Physician Orders

Recommended Support Medications – GAST – XELOX Pre- and Post-CRT (Rectal)		
Pre- and Post-CRT Phases – XELOX		
Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
Concurrent Chemoradiation (CRT) Phase – capecitabine with radiation		
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

All Treatment Phases

- 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

capecitabine with radiation (Concurrent Chemoradiation (CRT) Phase)

- Inform patient to start capecitabine on the first day of radiation and to take capecitabine every day that they receive radiation. If patient will run out of capecitabine supply before the end of radiation, patient should contact medical oncologist's clinic to discuss whether an additional prescription is required
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ADDITIONAL INFORMATION

XELOX (Pre-CRT Phase)

- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required
- In the ARIA regimen **GAST - [XELOX Pre/Post-CRT]**, the three cycles of XELOX administered pre-CRT are built as **"Cycles #1 to 3"**

capecitabine with radiation (Concurrent Chemoradiation (CRT) Phase)

- Concurrent Chemoradiation (CRT) usually starts 3 to 4 weeks after Cycle 3, Day 1 of XELOX (Pre-CRT Phase)
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- capecitabine should start on the first day of radiation and continue on days of radiation only until the last day of radiation (radiation is given on Mondays through Fridays for 25 fractions of radiation). capecitabine is not taken on Saturdays and Sundays or any other day without radiation treatment (e.g. statutory holidays, radiation machine maintenance days)
- In the ARIA regimen **GAST - [XELOX Pre/Post-CRT]**, capecitabine for administration with radiation (CRT Phase) is built as **"Cycle #4"**
- Since treatment is given concurrently with radiation, site restrictions are in place

XELOX (Post-CRT Phase)

- XELOX usually starts 2 to 4 weeks following completion of concurrent chemoradiation
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required
- In the ARIA regimen **GAST - [XELOX Pre/Post-CRT]**, the two cycles of XELOX administered post-CRT are built as **"Cycles #5 and 6"**. As this regimen is built as a 21-day cycle, the start date of **"Cycle 5"** will require manual adjustment