ADULT Updated: June 7, 2022

Regimen Reference Order

GAST – mFOLFOX6 Pre- and Post-CRT (Rectal)

ARIA: GAST - [mFOLFOX6 Pre/Post-CRT]

Planned Course: Pre-Concurrent Chemoradiation (Pre-CRT) Phase: mFOLFOX6 every 14 days for

4 cycles, followed by:

Concurrent Chemoradiation (CRT) Phase: fluorouracil with radiation

(25 fractions of radiation over 5 to 6 weeks), followed by:

Post-Concurrent Chemoradiation (Post-CRT) Phase: mFOLFOX6 every 14 days

for 4 cycles

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

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 $75 \times 10^9/L$

Contact Physician if parameters are not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements					
Drug	g	Dose	CCMB Administration Guideline		
	Not Applicable				

Treatment Regimen – GAST – mFOLFOX6 Pre- and Post-CRT (Rectal)					
Pre-CRT Phase – mFOLFOX6 every 14 days for 4 cycles Establish primary solution 500 mL of: D5W					
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy			
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy			
oxaliplatin	85 mg/m ²	IV in D5W 500 mL over 2 hours *Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector			
leucovorin	400 mg/m ²	IV in D5W 500 mL over 2 hours			
fluorouracil	400 mg/m ²	IV Push over 5 minutes			
fluorouracil	2400 mg/m ²	IV in D5W continuously over 46 hours by ambulatory infusion device			



Drug	Dose	CCMB Administration Guideline
fluorouracil	200 mg/m ² /day	IV in D5W continuously by ambulatory infusion device. Start infusion on first day of radiation and continue until last day of radiation (25 fractions of radiation over 5 to 6 weeks) *Alert: Change ambulatory infusion device once every 7 days (i.e. 1400 mg/m² over 168 hours) throughout radiation
Post-CRT Phase – mFOLF	OX6 every 14 days for 4 c	ycles
Establish primary solution 5	00 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	85 mg/m ²	IV in D5W 500 mL over 2 hours *Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector
leucovorin	400 mg/m ²	IV in D5W 500 mL over 2 hours
fluorouracil	400 mg/m ²	IV Push over 5 minutes
fluorouracil	2400 mg/m ²	IV in D5W continuously over 46 hours by ambulatory infusion device

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

REQUIRED MONITORING

more information

mFOLFOX6 (Pre- and Post-CRT Phases)

All Cycles

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

fluorouracil 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 S	Recommended Support Medications – GAST – mFOLFOX6 Pre- and Post-CRT (Rectal)						
Pre- and Post-CRT	Pre- and Post-CRT Phases – mFOLFOX6						
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 – fluorouracil with radiation							
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting					

DISCHARGE INSTRUCTIONS

All Treatment Phases

- Ensure patient has received a home chemotherapy spill kit and instruction for use
- 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

ADDITIONAL INFORMATION

mFOLFOX6 (Pre-CRT Phase)

- · oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - o no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - o dose modification may be required
- In the ARIA regimen GAST [mFOLFOX6 Pre/Post-CRT], the four cycles of mFOLFOX6 administered pre-CRT are built as "Cycles #1 to 4"

fluorouracil with radiation (Concurrent Chemoradiation (CRT) Phase)

- Concurrent Chemoradiation (CRT) usually starts 2 to 3 weeks after Cycle 4, Day 1 of mFOLFOX6 (Pre-CRT Phase)
- fluorouracil should start on the first day of radiation and <u>continue until the last day of radiation</u> (including weekends and holidays when radiation is not administered)
 - o If weekly fluorouracil pump supply will extend beyond the last day of radiation, fluorouracil pump can be disconnected on the last day of radiation
 - If prescribed duration of fluorouracil does not match the radiation schedule (e.g. drug duration will end too soon), contact medical oncologist to discuss whether a prescription to extend drug therapy is appropriate
- In the ARIA regimen GAST [mFOLFOX6 Pre/Post-CRT], fluorouracil for administration with radiation (CRT Phase) is built as "Cycle #5"
- Since treatment is given concurrently with radiation, site restrictions are in place

mFOLFOX6 (Post-CRT Phase)

- mFOLFOX6 usually starts 2 to 4 weeks following completion of concurrent chemoradiation
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - o no ice chips or cold drinks
- · oxaliplatin may cause progressive, irreversible neuropathy
 - o dose modification may be required
- In the ARIA regimen GAST [mFOLFOX6 Pre/Post-CRT], the four cycles of mFOLFOX6 administered post-CRT are built as "Cycles #6 to 9". As this regimen is built as a 14-day cycle, the start date of "Cycle 6" will require manual adjustment

