

## Regimen Reference Order – GAST – XELIRI

ARIA: GAST - [XELIRI]

Planned Course: Every 21 days until disease progression or unacceptable toxicity

Indication for Use: Colorectal Cancer Metastatic

CVAD: At Provider's Discretion

### **Proceed with treatment if:**

**ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$**

❖ Contact Physician if parameters not met

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

#### Treatment Regimen – GAST – XELIRI

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
atropine	0.6 mg	IV Push over 2 to 3 minutes prior to irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
irinotecan	200 mg/m <sup>2</sup>	IV in D5W 500 mL over 30 minutes
capecitabine	800 mg/m <sup>2</sup>	Orally twice daily on <b>Days 1 to 14</b> , followed by 7 days off Take with food. Swallow whole <b>(Self-administered at home)</b>

capecitabine 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

All Cycles

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

### Recommended Support Medications

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
loperamide	2 – 4 mg	Orally as directed below

### DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Advise patient that atropine may cause blurred vision and drowsiness
- If diarrhea occurs within 24 hours of irinotecan administration:
  - Return to cancer care clinic or go to the emergency department. A second dose of intravenous atropine may be required
- If cramping or diarrhea occurs more than 24 hours after irinotecan administration:
  - Take loperamide 4 mg (two 2 mg tablets) orally STAT; then
  - During the day: take 2 mg (one 2 mg tablet) orally every 2 hours
  - During the night: take 4 mg (two 2 mg tablets) orally at bedtime and then every 4 hours until morning
  - STOP loperamide once no bowel movement has occurred (e.g. diarrhea-free) for 12 hours
  - If diarrhea has not stopped despite taking **12 tablets (24 mg) of loperamide over a 24-hour period**, please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre. Please note that 24 mg per 24 hours is higher than the usual “over the counter” dose for loperamide.
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

### ADDITIONAL INFORMATION

- Nursing to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take at home with Cycle 1
- atropine can cause anticholinergic side effects; including but not limited to tachycardia, bradycardia, urinary retention, changes in vision, dry mouth and drowsiness
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy