Regimen Reference Order – GAST – bevacizumab + FOLFIRI

ARIA: GAST - [bevacizumab + FOLFIRI]

Planned Course: Every 14 days until disease progression or unacceptable toxicity
Indication for Use: Colorectal 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 x 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 – bevacizumab + FOLFIRI

Establish primary solution 500 mL of: normal saline (bevacizumab incompatible with D5W)

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
bevacizumab (brand name specific)	5 mg/kg	IV in normal saline 100 mL over 10 minutes **Alert*: *Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
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	180 mg/m^2	IV in D5W 500 mL over 30 minutes
fluorouracil	2400 mg/m^2	IV in D5W continuously over 46 hours by ambulatory infusion device

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, total bilirubin, urine protein and blood pressure as per Physician Orders
    - 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 prescriber
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after bevacizumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 2 and 3
loperamide	2 – 4 mg	Orally as directed below
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- 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
- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**