Regimen Reference Order – GAST – bevacizumab + FOLFOX-6

ARIA: GAST - [bevacizumab + FOLFOX-6]

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 + FOLFOX-6

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*
Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)		
oxaliplatin	100 mg/m^2	IV in D5W 500 mL over 2 hours
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, 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
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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
    - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
    - dose modification may be required
- 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**