Regimen Reference Order – GAST – bevacizumab + XELIRI

ARIA: GAST - [bevacizumab + 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 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 + XELIRI

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

Drug	Dose	CCMB Administration Guideline
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bevacizumab (brand name specific)	7.5 mg/kg	IV in normal saline 100 mL over 15 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	200 mg/m^2	IV in D5W 500 mL over 30 minutes
capecitabine	800 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 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, 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
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
loperamide	2 – 4 mg	Orally as directed below

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
- 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
- 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**