ADULT Updated: February 5, 2020

Regimen Reference Order - GAST - trastuzumab + XELOX

ARIA: GAST - [trastuzumab + XELOX (MET)]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Gastric Cancer/Gastroesophageal Junction Tumor; HER2 positive; 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					

Treati	ment Regimen -	- GAST – trastuzumab + XELOX
Drug	Dose	CCMB Administration Guideline
Establish primary solution 500	mL of: normal saline	e (trastuzumab incompatible with D5W)
trastuzumab (brand name specific)	Cycle 1 8 mg/kg Loading Dose	IV in normal saline 250 mL over 90 minutes *Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order *Nursing Alert: oxaliplatin infusion begins after observation period is complete
	Cycles 2 to 6 6 mg/kg	IV in normal saline 250 mL over 30 minutes *Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order
Establish primary solution 500	mL of: D5W (oxalipla	atin incompatible with normal saline)
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	130 mg/m ²	IV in 500 mL D5W over 2 hours
capecitabine	1000 mg/m ²	Orally twice a day on Days 1 – 14 followed by 7 days off (Self-administered at home)
capecitabine (Xeloda®) availa Classification of capecitabine:		
All doses will be automatically Dose Banding document for m		in the DSG Approved Dose Bands. See GAST or THOR DSG –



Flush after each medication:

50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

Cardiac monitoring

Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and every 4 cycles

All Cycles

· CBC, biochemistry and liver enzymes as per Physician Orders

Cycle 1 Only

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after trastuzumab infusion. Full vital signs after observation period is complete. oxaliplatin infusion begins after observation period is complete
- Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 to 6

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically
 indicated
- No observation period required after trastuzumab. 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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- · capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- 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
- trastuzumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after trastuzumab. Ensure prescription label matches the brand name on prescribed order

