Regimen Reference Order – GAST – PANitumumab + FOLFIRI

ARIA: GAST – [PANitumumab + 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 – PANitumumab + FOLFIRI

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
PANitumumab	6 mg/kg	IV in normal saline 100 mL over 60 minutes If cycle 1 of PANitumumab is tolerated, the subsequent infusions may be administered over 30 minutes Attach a 0.22 micron in-line filter *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability* **Nursing Alert:* Pump programming should reflect actual volume in the bag*
atropine	0.6 mg	IV Push over 2 – 3 minutes
irinotecan	180 mg/m^2	IV in 500 mL D5W over 90 minutes irinotecan can be infused at the same time as leucovorin through a Y site
leucovorin	400 mg/m^2	IV in 500 mL D5W over 90 minutes
fluorouracil	400 mg/m^2	IV Push over 5 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 the DSG Approved Dose Bands. See GAST DSG – Dose Banding document for more information

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

- CBC, biochemistry as per physician order
- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	4 mg	Orally twice daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 4 hours as needed for nausea and vomiting
loperamide	2 – 4 mg	Orally as directed below
hydrocortisone cream	1%	Apply daily at bedtime to face, hands, feet, neck, back and chest as directed
doxycycline	100 mg	Orally twice daily for 14 days. Repeat with each cycle
Sunscreen	Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply a broad-spectrum sunscreen before going outdoors
Moisturizing lotion	Fragrance-free	Apply daily in the morning on rising to face, hands, feet, neck, back and chest

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- If cramping or diarrhea occurs more than 24 hours after irinotecan administration:
  - Take loperamide 4mg (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 4mg (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 home with Cycle 1