

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 $1.5 \times 10^9/L$ 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		

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	5 mg/kg	IV in normal saline 100 mL <ul style="list-style-type: none"> • Dose 1 to be infused over 90 minutes • Dose 2 to be infused over 60 minutes (if first dose well tolerated) • Dose 3 and subsequent to be infused over 30 minutes (if second dose well tolerated)

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

oxaliplatin	100 mg/m ²	IV in 500 mL D5W over 2 hours oxaliplatin can be infused at the same time as leucovorin through a Y site
leucovorin	400 mg/m ²	IV in 500 mL D5W over 2 hours
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

All Cycles

- CBC, biochemistry, liver function tests, urine protein, blood pressure as per physician order
 - 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, respiration, blood pressure and O₂ 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

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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

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