

## Regimen Reference Order – GAST – bevacizumab + FOLFOXIRI

ARIA: GAST – [bevacizumab + FOLFOXIRI]

Planned Course: Every 14 days for 12 cycles

Indication for Use: Colorectal Cancer Metastatic

CVAD: Required

### **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 + FOLFOXIRI

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"> <li>• Dose 1 to be infused over 90 minutes</li> <li>• Dose 2 to be infused over 60 minutes (if first dose well tolerated)</li> <li>• Dose 3 and subsequent to be infused over 30 minutes (if second dose well tolerated)</li> </ul>
atropine	0.6 mg	IV Push over 2 - 3 minutes

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

irinotecan	$165 \text{ mg/m}^2$	IV in 500 mL D5W over 60 minutes
oxaliplatin	$85 \text{ mg/m}^2$	IV in 500 mL D5W over 2 hours oxaliplatin and leucovorin may be infused over the same 2 hour period using a Y-site connector
leucovorin	$400 \text{ mg/m}^2$	IV in 500 mL D5W over 2 hours
fluorouracil	$3200 \text{ mg/m}^2$	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, and 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 1g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Full vital signs (temperature, heart rate, respiration, blood pressure and O<sub>2</sub> 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

## 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 **within 24 hours** of irinotecan administration:
  - Go to the nearest emergency department for atropine administration
- If cramping or diarrhea occurs **after 24 hours** of irinotecan administration:
  - loperamide first dose: take 2 tablets (4mg) of loperamide
  - During the day: Take 1 caplet (2mg) every 2 hours
  - During the night: Take 2 caplets (4mg) at bedtime and every 4 hours until morning
  - Stop taking loperamide when you have NOT had a bowel movement for at least 12 hours
- Provide patient with a supply of 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
- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
  - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
  - dose modification may be required