

## Regimen Reference Order – GAST – cetuximab + irinotecan

ARIA: GAST – [cetuximab + irinotecan]

Planned Course: Every 14 days until disease progression or unacceptable toxicity

Indication for Use: Colorectal Cancer Metastatic

CVAD: Preferred

### **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 – cetuximab + irinotecan

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	8 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
cetuximab	$500 \text{ mg/m}^2$	IV over 2 hours (administered undiluted) Doses greater than 1200 mg must be administered over 2.5 hours Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter <i>*Nursing Alert: Prime IV tubing with cetuximab</i>
atropine	0.6 mg	IV Push over 2 – 3 minutes pre-irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
irinotecan	$180 \text{ mg/m}^2$	IV in 500 mL D5W over 90 minutes

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 Doses

- CBC, electrolytes (including calcium and magnesium), hepatic and renal function tests at baseline and prior to each dose

### Dose 1 and 2

- Full vital signs (temperature, heart rate, respiration, blood pressure and O<sub>2</sub> saturation) at baseline, one hour post infusion and as clinically indicated
- Observe patient post cetuximab infusion for 1 hour

### Doses 3 and onwards

- Full vital signs 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
doxycycline	100 mg	Orally twice daily
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed
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 to face, hands, feet, neck, back and chest daily in the morning on rising

## DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- 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

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**ADDITIONAL INFORMATION**

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- Nursing to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1
- cetuximab causes dermatological and nail changes
- cetuximab can cause interstitial lung disease, pneumonitis and exacerbation pre-existing fibrotic lung disease
- cetuximab can cause hypomagnesemia