

## Regimen Reference Order – GAST – liposomal irinotecan + fluorouracil

ARIA: - GAST – [liposomal irinotecan + fluorouracil]

Planned Course: Every 2 weeks until disease progression or unacceptable toxicity

Indication for Use: Pancreatic 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  $100 \times 10^9/L$
- Total bilirubin less than the upper limit of normal
- ❖ Contact Physician if parameters not met

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

#### Treatment Regimen – GAST – liposomal irinotecan + fluorouracil

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally once 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally once 30 minutes pre-chemotherapy
atropine	0.6 mg	<b>ONLY</b> to be given if the patient had a cholinergic reaction with their previous liposomal irinotecan infusion IV Push over 2 – 3 minutes prior to liposomal irinotecan
liposomal irinotecan hydrochloride (HCL) trihydrate (Onivyde®)	$70 \text{ mg/m}^2$	IV in 500 mL D5W over 90 minutes <i>*Nursing Alert: liposomal irinotecan infusion and flush must be completed prior to leucovorin</i>
leucovorin	$400 \text{ mg/m}^2$	IV in 500 mL D5W over 30 minutes
fluorouracil	$2400 \text{ mg/m}^2$	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'

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## REQUIRED MONITORING

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- CBC, biochemistry every 2 weeks and as per physician order

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	4 mg	Orally twice daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally as needed every 4 – 6 hours for nausea and vomiting

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## DISCHARGE INSTRUCTIONS

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- Instruct patient to continue taking anti-emetic(s) at home
- If cramping or diarrhea occurs within 24 hours of irinotecan administration:
  - Contact your cancer care team. A second dose of intravenous atropine may be required
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- Inform patient to contact their cancer team of new onset cough or dyspnea
- 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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- N/A