

Regimen Reference Order – GENU - VIP

ARIA: GENU – [VIP]

Planned Course: Every 21 days to a maximum of 4 cycles

Indication for Use: Germ Cell Tumor

CVAD: At Provider’s Discretion

Proceed with treatment if:

ANC equal to or greater than $0.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$

❖ Contact primary Medical Oncologist if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GENU - VIP

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Days 1 to 4		
normal saline	500 mL	Over 1 hour (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
	80 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy on Day 1
	8 mg	Orally 30 minutes pre-chemotherapy on Days 2 to 4
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
etoposide	75 mg/m ²	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>
CISplatin	20 mg/m ²	IV in normal saline 250 mL over 1 hour
mesna	300 mg/m ²	IV in normal saline 50 mL over 15 minutes Immediately prior to ifosfamide
ifosfamide	1500 mg/m ²	IV in normal saline 250 mL over 1 hour *Alert: start of ifosfamide infusion will be considered “Hour 0”
normal saline	500 mL	IV over 3 hours (Post hydration) from “Hour 1” to “Hour 4”

mesna	300 mg/m ²	IV in normal saline 50 mL over 15 minutes at "Hour 4"
mesna	600 mg/m ²	Orally with juice or soft drink at "Hour 6" (Self-administered at home) <i>*Nursing Alert: Inform patient time to take dose</i>
Day 5		
aprepitant	80 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
etoposide	75 mg/m ²	IV in normal saline 500 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i>
CISplatin	20 mg/m ²	IV in normal saline 250 mL over 1 hour

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

Day 1

- CBC, creatinine, urea, electrolytes, liver functions, alpha feto protein (AFP), βHCG and random glucose as per Physician Orders
- Monitor for cystitis and neurotoxicity
- Audiometry testing if clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) <i>(See Filgrastim Clinical Guide)</i>	6 mg	Subcutaneous once daily on Day 7 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
aprepitant	80 mg	Orally once daily on Days 6 and 7
dexamethasone	8 mg	Orally once daily on Days 6 and 7
OLANzapine	2.5 mg	Orally the evening of Days 1 to 5. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled.

DISCHARGE INSTRUCTIONS

- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
 - Instruct patient to:
 - Continue taking anti-emetic(s) at home
 - Self-administer “Hour 6” of mesna by mixing the contents of the mesna syringe in juice (not grapefruit) or soft drink. If patient vomits within 2 hours of taking “Hour 6” mesna, they should be advised to contact their cancer team. Patient may require intravenous hydration
 - Report changes in mental status; ifosfamide can cause encephalopathy (rare)
 - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
 - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of ifosfamide
 - Obtain immediate assistance as per your clinic’s contact instructions if:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid
 - Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy
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ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- Doses may be reduced for renal dysfunction