ADULT Updated: June 7, 2022

Regimen Reference Order

GYNE – CISplatin with concurrent radiation

ARIA: GYNE - [CISplatin + RT (Cervix)]

Planned Course: Weekly for 5 weeks with concurrent radiation

Indication for Use: Cervical Cancer

CVAD: At Provider's Discretion

Proceed with treatment if:

Week 1

• ANC equal to or greater than 1.5 x $10^9/L$ AND Platelets equal to or greater than 75 x $10^9/L$

• Creatinine clearance greater than 50 mL/minute

Week 2 and Onwards

- ANC equal to or greater than $0.8 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$
- Creatinine clearance greater than 50 mL/minute
 - Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements				
Drug	Dose	CCMB Administration Guideline		
Not Applicable				

Treatment Regimen – GYNE – CISplatin with concurrent radiation					
Establish primary solution 500 mL of: normal saline					
Drug	Dose	CCMB Administration Guideline			
Days 1, 8, 15, 22 and	29				
magnesium sulfate	1 g	IV in normal saline 500 mL over 1 hour (Pre hydration)			
aprepitant	125 mg	Orally 1 hour pre-chemotherapy			
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy			
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy			
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy			
CISplatin	40 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

Weekly

• CBC, biochemistry, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders

Recommended Support Medications				
Drug	Dose	CCMB Administration Guideline		
aprepitant	80 mg	Orally once daily on Days 2, 3, 9, 10, 16, 17, 23, 24, 30 and 31		
dexamethasone	8 mg	Orally once daily on Days 2, 3, 4, 9, 10, 11, 16, 17, 18, 23, 24, 25, 30, 31 and 32		
OLANZapine	2.5 mg	Orally the evening of Days 1, 8, 15, 22 and 29 and then twice daily on Days 2, 3, 4, 9, 10, 11, 16, 17, 18, 23, 24, 25, 30, 31 and 32. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4, 8 to 11, 15 to 18, 22 to 25 and 29 to 32) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled		

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- Transfusions may be necessary in order to maintain a hemoglobin greater than 100 g/L
- If CISplatin needs to be held, radiation may continue
- Creatinine clearance is determined by using patient's actual body weight
- Given that CISplatin is given concurrently with radiation, site restrictions are in place

