Regimen Reference Order

pegylated liposomal DOXOrubicin + CARBOplatin

ARIA: GYNE – [doxorubicin (peg-liposomal) + CARBO]

Planned Course: **Every 28 days for 6 cycles**
Indication for Use: **Ovarian Cancer Recurrent; Platinum-Sensitive**

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L

Cycle 2 and onwards

ANC equal to or greater than 1.2 x 10^9/L AND Platelets equal to or greater than 75 x 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 – GYNE – pegylated liposomal DOXOrubicin + CARBOplatin

Establish primary solution 500 mL of: D5W (pegylated liposomal DOXOrubicin incompatible with normal saline)

Drug	Dose	CCMB Administration Guideline
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
doxorubicin, peg-liposomal (pegylated liposomal DOXOrubicin)	30 mg/m^2	IV in D5W 250 mL over 90 minutes **OR** IV in D5W 500 mL over 2 hours if dose is greater than or equal to 90 mg *(Maximum rate 1 mg/minute)* If no reaction, subsequent doses may be administered over 60 minutes
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See GYNE DSG – Dose Banding

document for more information

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

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after pegylated liposomal DOXOrubicin administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- 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

- CARBOplatin dose considerations:
  - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
  - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg
  - As renal function can fluctuate over time, changes to creatinine clearance between cycles may not result in CARBOplatin dose changes from the prescriber
  - CARBOplatin dose should be recalculated every 3 cycles at minimum
  - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Gynecological DSG

Calculation of CARBOplatin dose: (max. 900 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{\text{N} \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in umol/L}} = \_\_\_ \text{ mL/min}$$

N = 1.04 in females

AUC (mg/mL.min) / 6	X	GFR + 25 (mL/min) / ____ + 25	=	Total Dose (mg)

AUC= Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation may not be appropriate for some patient populations (for example, acute renal failure).