

# Regimen Reference Order – pegylated liposomal DOXOrubicin

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

Planned Course: Every 28 days until disease progression or unacceptable toxicity

Indication for Use: Ovarian Cancer Recurrent

CVAD: At Provider’s Discretion

**Proceed with treatment if:**

**Cycle 1**

**ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$**

**Cycle 2 and onwards**

**ANC equal to or greater than  $1.2 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$**

❖ Contact Physician if parameters not met

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

### Treatment Regimen – GYNE –pegylated liposomal DOXOrubicin

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

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
pegylated liposomal DOXOrubicin	40 mg/m <sup>2</sup>	IV in D5W 250 mL over 90 minutes <b>OR</b> IV in D5W 500 mL over 2 hours if dose is greater than or equal to 90 mg <i>(Maximum rate 1 mg/minute)</i> If no reaction, subsequent doses may be administered over 60 minutes

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

- CBC, serum creatinine and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is required. Patient can be discharged from treatment room if stable whether they had a reaction or not

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

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## DISCHARGE INSTRUCTIONS

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- 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

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## ADDITIONAL INFORMATION

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- Not applicable