

Regimen Reference Order

GYNE – bevacizumab + PACLitaxel + CARBOplatin (ovarian)

ARIA: GYNE - [bev + PACL + CARBO (Ovarian)]

Planned Course: Cycle 1: PACLitaxel + CARBOplatin, then
Cycles 2 to 6: bevacizumab + PACLitaxel + CARBOplatin, then
Cycles 7 to 18: bevacizumab
(1 cycle= 21 days)

Indication for Use: Ovarian Cancer

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 $100 \times 10^9/L$

Cycles 2 to 6

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

Cycles 7 to 18

- 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 – bevacizumab + PACLitaxel + CARBOplatin (ovarian)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>

Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel

PACLitaxel	175 mg/m ²	IV in normal saline 500 mL over 3 hours, following the administration rates below: <ul style="list-style-type: none"> Administer at 100 mL/hour for 15 minutes, then Administer remaining volume over 2 hours and 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i> <i>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</i>
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Cycles 2 to 6		
bevacizumab (brand name specific)	7.5 mg/kg	IV in normal saline 100 mL over 15 minutes <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i>
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>
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CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Cycles 7 to 18		
bevacizumab (brand name specific)	7.5 mg/kg	IV in normal saline 100 mL over 15 minutes <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i>

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

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

REQUIRED MONITORING

Cycle 1

- CBC, serum creatinine and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 to 6

- CBC, serum creatinine, liver enzymes, urine protein and blood pressure as per Physician Orders
 - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after bevacizumab or PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 7 to 18

- CBC as per Physician Orders
- Urine protein and blood pressure as per Physician Orders
 - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after bevacizumab 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
Cycles 1 to 6 ONLY		
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

All Cycles

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

Cycles 1 to 6

- 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

- bevacizumab can cause increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**
- PAclitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
 - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
 - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
 - 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: (maximum 900 mg)

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

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

N = 1.04 in females

AUC (mg/mL.min) <hr style="width: 50%; margin: 0 auto;"/> 6	X	GFR + 25 (mL/min) <hr style="width: 50%; margin: 0 auto;"/> ___ + 25	=	Total Dose (mg) <hr style="width: 50%; margin: 0 auto;"/>
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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).