

## Regimen Reference Order

### GYNE – bevacizumab + PACLitaxel + CISplatin (Cervix)

ARIA: GYNE - [bev + PACL + CIS (Cervix)]

**Planned Course:** Every 21 days until disease progression or unacceptable toxicity

**Indication for Use:** Cervix Cancer Metastatic

**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  $100 \times 10^9/L$**
- **Creatinine clearance greater than 45 mL/minute**

**Cycle 2 and Onwards**

- **ANC equal to or greater than  $1.2 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$**
- **Creatinine clearance greater than 45 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 – bevacizumab + PACLitaxel + CISplatin (Cervix)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
bevacizumab (brand name specific)	15 mg/kg	IV in normal saline 100 mL over 30 minutes <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i>
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
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
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes <b>1 hour</b> 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 <sup>2</sup>	IV in normal saline 500 mL over 3 hours Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter <b>*Nursing Alert:</b> Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug
CISplatin	50 mg/m <sup>2</sup>	IV in normal saline 500 mL over 1 hour <b>*Alert:</b> CISplatin infusion must be complete prior to mannitol administration
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour (Post hydration) <b>*Alert:</b> diluent volume and duration of infusion are different than standards used in other regimens
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

### All Cycles

- CBC, serum creatinine, urea, electrolytes, 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 Gyne-Oncologist
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion
- 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

## 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, 3 and 4
OLANzapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

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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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- bevacizumab can cause increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- PACLitaxel may cause progressive, irreversible neuropathy
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- 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**