Regimen Reference Order – GYNE – bevacizumab + PACLitaxel

ARIA: GYNE – [bevacizumab + weekly PACLitaxel]

Planned Course: **Every 28 days until disease progression or unacceptable toxicity**
Indication for Use: **Ovarian Cancer Platinum-Resistant**

CVAD: Preferred

Proceed with treatment if:
Cycle 1
Prior to Day 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
Prior to Days 8, 15 and 22:
ANC equal to or greater than 1.2 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L

Cycle 2 and onwards
Prior to Days 1, 8, 15 and 22:
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 – bevacizumab + PACLitaxel

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Days 1 and 15		
bevacizumab	10 mg/kg	IV in normal saline 100 mL • Dose 1 to be infused over 90 minutes • Dose 2 to be infused over 60 minutes (if first dose well tolerated) • Dose 3 and subsequent to be infused over 30 minutes (if second dose well tolerated)
metoclopramide	20 mg	Orally 30 minutes prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel
raNITIdine	50 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel

PACLitaxel	80mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter* *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability* **Nursing Alert:* *Pump programming should reflect actual volume in the bag*
Days 8 and 22		
metoclopramide	20 mg	Orally 30 minutes prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel
raNITIdine	50 mg	IV in normal saline 50 mL over 15 minutes To be given 30 minutes prior to PACLitaxel
PACLitaxel	80mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter* *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability* **Nursing Alert:* *Pump programming should reflect actual volume in the bag*
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'**

REQUIRED MONITORING

Day 1 and 15

- CBC, biochemistry , liver function tests, urine protein and blood pressure prior to Days 1 and 15 and as per physician order
    - 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, respiration, blood pressure and O_2 saturation) at baseline and as clinically indicated

Days 8 and 22

- CBC
- Full vital signs at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

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

- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events