

Regimen Reference Order – GYNE – bevacizumab + pegylated liposomal doxorubicin

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

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

Day 1:

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

Day 15:

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 2 and Onwards

Days 1 and 15:

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 + pegylated liposomal doxorubicin

Establish primary solution 500 mL of: normal saline (bevacizumab incompatible with D5W)		
Drug	Dose	CCMB Administration Guideline
Day 1		
bevacizumab	10 mg/kg	IV in normal saline 100 mL <ul style="list-style-type: none"> Dose 1 to be infused over 90 minutes Dose 2 to be infused over 60 minutes (if first dose well tolerated) Dose 3 and beyond to be infused over 30 minutes (if second dose well tolerated)
Establish primary solution 500 mL of: D5W		
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
pegylated liposomal	40 mg/m^2	IV in D5W 250 mL over 90 minutes OR

doxorubicin		IV in D5W 500 mL over 2 hours if dose is greater than or equal to 90 mg (Maximum rate 1 mg/minute. Pharmacy will adjust diluent volume) If no reaction, subsequent cycles may be administered over 60 minutes
Day 15		
Establish primary solution 500 mL of: normal saline (bevacizumab incompatible with D5W)		
bevacizumab	10 mg/kg	IV in normal saline 100 mL <ul style="list-style-type: none"> • Dose 2 to be infused over 60 minutes (if first dose well tolerated) • Dose 3 and beyond to be infused over 30 minutes (if second dose well tolerated)
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

All Cycles

- CBC, biochemistry, liver function tests, urine protein, blood pressure prior to Days 1 and 15 of each cycle 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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	4 mg	Orally twice daily for 2 days starting day after pegylated liposomal doxorubicin
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