

## Regimen Reference Order – SARC – olaratumab + DOXOrubicin

ARIA: SARC – [olaratumab + DOXOrubicin]

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

Indication for Use: Soft Tissue Sarcoma

CVAD: Preferred (VESICANT INVOLVED)

### Proceed with treatment if:

#### Day 1

- ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$
- AST/ALT less than 3 times upper limit of normal
- Total bilirubin less than 1.5 times upper limit of normal
- Creatinine clearance greater than 45 mL/min

#### Day 8

No blood work required

- ❖ Contact Physician if parameters not met

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

### Treatment Regimen – SARC – olaratumab + DOXOrubicin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Cycles 1 to 4</b>		
<b>Day 1</b>		
dexamethasone	20 mg Cycle 1	IV in normal saline 50 mL over 15 minutes
	8 mg Cycles 2 to 4	Orally 30 minutes pre-chemotherapy
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
olaratumab	15 mg/kg	IV in normal saline 250 mL over 1 hour
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	$75 \text{ mg/m}^2$	IV Push over 10 to 15 minutes at least <b>1 hour</b> after completion of olaratumab

Day 8		
dexamethasone	20 mg Cycle 1 only	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
olaratumab	15 mg/kg	IV in normal saline 250 mL over 1 hour
Cycles 5 to 8		
Day 1		
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
olaratumab	15 mg/kg	IV in normal saline 250 mL over 1 hour
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
dexrazoxane	750 mg/m <sup>2</sup>	IV in Ringers Lactate 250 mL over 30 minutes up to <b>30 minutes</b> prior to DOXOrubicin <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
DOXOrubicin	75 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes at least <b>1 hour</b> after completion of olaratumab
Day 8		
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
olaratumab	15 mg/kg	IV in normal saline 250 mL over 1 hour
Cycles 9 onward		
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes on Days 1 and 8
olaratumab	15 mg/kg	IV in normal saline 250 mL over 1 hour on Days 1 and 8

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

- CBC, biochemistry as per physician order
- Left Ventricular Ejection Fraction (LVEF)
  - at baseline, then
  - after Cycle 4, then
  - after Cycle 8

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
<b>Cycles 1 to 8</b>		
dexamethasone	8 mg	Orally once daily at breakfast on Days 2 and 3 of Cycles 1 to 8
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

- Administration site restrictions are in place for olaratumab
- Consideration may be given to reduce the DOXOrubicin dose to 60 mg/m<sup>2</sup> for patients older than 65 years of age