Regimen Reference Order – THOR – PEMEtrexed + CISplatin (Adjuvant)

ARIA: LUNG – [PEMEtrexed + CISplatin (ADJ)]
LUNG – PEMEtrexed support (NSCLC)

Planned Course: Every 21 days for 4 cycles

Indication for Use: Lung Cancer Non-Small Cell Non-Squamous Adjuvant

CVAD: At Provider's Discretion

Proceed with treatment if:

• 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
 - Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements				
Drug	Dose	CCMB Administration Guideline		
folic acid	1 mg	Orally daily beginning 7 – 14 days prior to first dose of PEMEtrexed and continuing daily until 21 days after the last dose of PEMEtrexed (Self-administered at home)		
vitamin B12	1000 mcg	Intramuscular 7 – 14 days prior to first dose of PEMEtrexed (Note: a second dose of vitamin B12 to be administered on Cycle 4, Day 1)		
dexamethasone	8 mg	Orally once daily the day before, day of and the day after each dose of PEMEtrexed (Higher or additional doses are permitted) (Self-administered at home)		

Establish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline		
Day 1				
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy		
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy *Nursing Alert: this dose is in addition to the 8 mg self-administered dose taken at home morning of Day 1		
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy		



PEMEtrexed	500 mg/m ²	IV in normal saline 100 mL over 10 minutes
		*Nursing Alert: CISplatin starts at least 30 minutes after completion of PEMEtrexed infusion
CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour
		*Alert: CISplatin infusion must be complete prior to mannitol administration
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
vitamin B12	1000 mcg	Cycle 4 only: Intramuscular once
		*Alert: This is the last dose of vitamin B12 that will be given as part of this regimen

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 and total bilirubin as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

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 3 and 4 Note additional Pre-treatment Requirements for PEMEtrexed		
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		

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking folic acid, dexamethasone and anti-emetic(s) at home
- vitamin B12 is part of this treatment regimen. Patient should notify clinic if they are receiving vitamin B12 for other indications
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy



ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- folic acid, vitamin B12 and dexamethasone are prescribed to decrease PEMEtrexed toxicity
- dexamethasone is also prescribed post treatment for delayed nausea
- Non-Steroidal Anti-Inflammatory drugs (NSAIDs) may increase the toxicity of PEMEtrexed. Hold NSAIDs for 2 days before, the day of and for 2 days after PEMEtrexed
- Support protocol under **PEME Support (NSCLC)** in the "Lung Cancer" folder is to be used to order folic acid and the first dose of vitamin B12

