

Regimen Reference Order

CUP – gemcitabine + PACLitaxel + CARBOplatin

ARIA: CUP - [gem + CARBO + PACLitaxel]

Planned Course: Every 21 days until disease progression/unacceptable toxicity
Indication for Use: Carcinoma of Unknown Primary Site (CUP)

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 $100 \times 10^9/L$
 ❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – CUP – gemcitabine + PACLitaxel + CARBOplatin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
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
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour 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		
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
PACLitaxel	200 mg/m ²	IV in normal saline 500 mL over 3 hours, following the administration rates below: <ul style="list-style-type: none"> • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 2 hours and 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i> <i>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</i>

CARBOplatin	AUC 5 mg/mL.min; maximum dose 750 mg (see table below)	IV in D5W 250 mL over 30 minutes
Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
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

Day 1

- CBC, serum creatinine, electrolytes and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after PAclitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Day 8

- CBC

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 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- 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

ADDITIONAL INFORMATION

- PAclitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
 - CCMB uses **actual body weight** to calculate GFR
 - CCMB uses a maximum CARBOplatin dose of 750 mg for this regimen
 - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB

Calculation of CARBOplatin dose: (maximum 750 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \text{___ mL/min}$$

N = 1.23 in males
N = 1.04 in females

AUC (mg/mL.min) <hr style="width: 50%; margin: 0 auto;"/> 5	x	GFR + 25 (mL/min) <hr style="width: 50%; margin: 0 auto;"/> ___ + 25	=	Total Dose (mg) <hr style="width: 50%; margin: 0 auto;"/>
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AUC = Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation may not be appropriate for some patient populations (for example, acute renal failure).