

Regimen Reference Order – GAST – DOCetaxel

ARIA: GAST – [DOCetaxel (gastric)]

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

Indication for Use: Gastroesophageal Cancer Metastatic

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
dexamethasone	8 mg	Orally twice daily the day before DOCetaxel treatment and one dose the morning of DOCetaxel treatment (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions</i>

Treatment Regimen – GAST – DOCetaxel

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
DOCetaxel	75 mg/m^2	IV in normal saline 250 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i> OR For 500 mL bags (when Pharmacy must prepare DOCetaxel in 500 mL normal saline for concentration-dependent stability): IV in normal saline 500 mL over 1 hour, following the administration rates below: <ul style="list-style-type: none"> • Administer at 200 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i>
normal saline	100 mL	ONLY for patients with a PORT IV over 12 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

- CBC, biochemistry, AST, ALT, ALK and total bilirubin 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 required. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
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

- Not applicable