ADULT Updated: June 14, 2023

# **Regimen Reference Order – GAST – FLOT**

ARIA: GAST - [FLOT]

Planned Course: Every 14 days for 4 cycles followed by resection, then every 14 days for 4 cycles

Indication for Use: Gastroesophageal Junction/Gastric Cancer Adjuvant

**CVAD: Required (Ambulatory Pump)** 

# **Proceed with treatment if:**

ANC equal to or greater than 1.5 x  $10^9/L$  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 a day the day before treatment and one dose the morning of DOCEtaxel treatment  (Self-administered at home)  *Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions		

Establish primary solution 500 mL of: D5W				
Drug	Dose	CCMB Administration Guideline		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy		
DOCEtaxel	50 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour, following the administration rates below:		
		<ul> <li>Administer at 100 mL/hour for 15 minutes, then</li> </ul>		
		<ul> <li>Administer remaining volume over 45 minutes</li> </ul>		
		Use non-DEHP bags and non-DEHP administration sets		
normal saline	100 mL	ONLY for patients with a PORT		
		IV over 12 minutes		
		*Nursing Alert: This volume is to be administered after standard flush		
oxaliplatin	85 mg/m <sup>2</sup>	IV in D5W 500 mL over 2 hours		
		*Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector		
leucovorin	200 mg/m <sup>2</sup>	IV in D5W 250 mL over 2 hours		
fluorouracil	2600 mg/m <sup>2</sup>	IV in D5W continuously over 24 hours by ambulatory infusion device		

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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

- CBC, serum creatinine, urea, electrolytes, liver enzymes 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 after DOCEtaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications				
Drug	Dose	CCMB Administration Guideline		
filgrastim (brand name specific) (See Filgrastim Clinical Guide)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneous once daily for 5 days to start on Day 4		
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
- Ensure patient receives filgrastim supply if patient is self-administering at home
- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instruction for use
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

#### ADDITIONAL INFORMATION

- · oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
  - o no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
  - o dose modification may be required

