

Regimen Reference Order – GAST – FOLFOXIRI

ARIA: GAST - [FOLFOXIRI]

Planned Course: Every 14 days for 12 cycles

Indication for Use: Colorectal Cancer Metastatic

CVAD: Required (Ambulatory Pump)

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 – GAST – FOLFOXIRI

Establish primary solution 500 mL of: D5W		
Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
atropine	0.6 mg	IV Push over 2 – 3 minutes pre-irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
irinotecan	165 mg/m^2	IV in D5W 500 mL over 1 hour
oxaliplatin	85 mg/m^2	IV in D5W 500 mL over 2 hours <i>*Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector</i>
leucovorin	400 mg/m^2	IV in D5W 500 mL over 2 hours
fluorouracil	3200 mg/m^2	IV in D5W continuously over 46 hours by ambulatory infusion device

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
loperamide	2 – 4 mg	Orally as directed below

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- If diarrhea occurs within 24 hours of irinotecan administration:
 - Return to cancer care clinic or go to the emergency department. A second dose of intravenous atropine may be required
- If cramping or diarrhea occurs more than 24 hours after irinotecan administration:
 - Take loperamide 4 mg (two 2 mg tablets) orally STAT; then
 - During the day: take 2 mg (one 2 mg tablet) orally every 2 hours
 - During the night: take 4 mg (two 2 mg tablets) orally at bedtime and then every 4 hours until morning
 - STOP loperamide once no bowel movement has occurred (e.g. diarrhea-free) for 12 hours
 - If diarrhea has not stopped despite taking **12 tablets (24 mg) of loperamide over a 24 hour period**, please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre. Please note that 24 mg per 24 hours is higher than the usual “over the counter” dose for loperamide
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Nurse to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required