

Regimen Reference Order

GAST – de Gramont Pre- and Post-CRT (Rectal)

ARIA: GAST - [de Gramont Pre/Post-CRT]

Planned Course: Pre-Concurrent Chemoradiation (Pre-CRT) Phase: de Gramont every 14 days for 4 cycles, followed by:
Concurrent Chemoradiation (CRT) Phase: fluorouracil with radiation (25 fractions of radiation over 5 to 6 weeks), followed by:
Post-Concurrent Chemoradiation (Post-CRT) Phase: de Gramont every 14 days for 4 cycles

Indication for Use: Rectal Cancer; Chemotherapy Pre- and Post-Concurrent Chemoradiation

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 $75 \times 10^9/L$

❖ Contact Physician if parameters are not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – de Gramont Pre- and Post-CRT (Rectal)

Pre-CRT Phase – de Gramont every 14 days for 4 cycles

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
leucovorin	400 mg/m ²	IV in D5W 500 mL over 90 minutes
fluorouracil	400 mg/m ²	IV Push over 5 minutes
fluorouracil	2400 mg/m ²	IV in D5W continuously over 46 hours by ambulatory infusion device

Concurrent Chemoradiation (CRT) Phase – fluorouracil with radiation		
Drug	Dose	CCMB Administration Guideline
fluorouracil	200 mg/m ² /day	IV in D5W continuously by ambulatory infusion device. Start infusion on first day of radiation and continue until last day of radiation (25 fractions of radiation over 5 to 6 weeks) <i>*Alert: Change ambulatory infusion device once every 7 days (i.e. 1400 mg/m² over 168 hours) throughout radiation</i>
Post-CRT Phase – de Gramont every 14 days for 4 cycles		
Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
leucovorin	400 mg/m ²	IV in D5W 500 mL over 90 minutes
fluorouracil	400 mg/m ²	IV Push over 5 minutes
fluorouracil	2400 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

de Gramont (Pre- and Post-CRT Phases)

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

fluorouracil with radiation (Concurrent Chemoradiation (CRT) Phase)

Prior to start of radiation

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

During radiation

- CBC once weekly as per Physician Orders

Recommended Support Medications GAST – de Gramont Pre- and Post-CRT (Rectal)

Pre- and Post-CRT Phases – de Gramont

Drug	Dose	CCMB Administration Guideline
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting

Concurrent Chemoradiation (CRT) Phase – fluorouracil with radiation

prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
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DISCHARGE INSTRUCTIONS

All Treatment Phases

- Ensure patient has received a home chemotherapy spill kit and instruction for use
- 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

de Gramont (Pre-CRT Phase)

- In the ARIA regimen **GAST - [de Gramont Pre/Post-CRT]**, the four cycles of de Gramont administered pre-CRT are built as “**Cycles #1 to 4**”

fluorouracil with radiation (Concurrent Chemoradiation (CRT) Phase)

- Concurrent Chemoradiation (CRT) usually starts 2 to 3 weeks after Cycle 4, Day 1 of de Gramont (Pre-CRT Phase)
- fluorouracil should start on the first day of radiation and continue until the last day of radiation (including weekends and holidays when radiation is not administered)
 - If weekly fluorouracil pump supply will extend beyond the last day of radiation, fluorouracil pump can be disconnected on the last day of radiation
 - If prescribed duration of fluorouracil does not match the radiation schedule (e.g. drug duration will end too soon), contact medical oncologist to discuss whether a prescription to extend drug therapy is appropriate
- In the ARIA regimen **GAST - [de Gramont Pre/Post-CRT]**, fluorouracil for administration with radiation (CRT Phase) is built as “**Cycle #5**”
- Since treatment is given concurrently with radiation, site restrictions are in place

de Gramont (Post-CRT Phase)

- de Gramont usually starts 2 to 4 weeks following completion of Concurrent Chemoradiation (CRT) Phase
- In the ARIA regimen **GAST - [de Gramont Pre/Post-CRT]**, the four cycles of de Gramont administered post-CRT are built as “**Cycles #6 to 9**”. As this regimen is built as a 14-day cycle, the start date of “**Cycle 6**” will require manual adjustment