Regimen Reference Order – GAST – bevacizumab + FOLFOXIRI

ARIA: GAST – [bevacizumab + FOLFOXIRI]

Planned Course: Every 14 days for 12 cycles
Indication for Use: Colorectal Cancer Metastatic

CVAD: Required

Proceed with treatment if:

ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 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 – bevacizumab + FOLFOXIRI

Drug	Dose	CCMB Administration Guideline
Establish primary solution: 500 mL of normal saline (bevacizumab incompatible with D5W)		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
bevacizumab (brand name specific)	5 mg/kg	IV in normal saline 100 mL over 10 minutes *Alert: *Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
atropine	0.6 mg	IV Push over 2 – 3 minutes pre-irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)		
irinotecan	165 mg/m^2	IV in 500 mL D5W over 60 minutes
oxaliplatin	85 mg/m^2	IV in 500 mL D5W over 2 hours oxaliplatin and leucovorin may be infused over the same 2 hour period using a Y-site connector
leucovorin	400 mg/m^2	IV in 500 mL D5W 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 the DSG Approved Dose Bands. See GAST DSG – 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, biochemistry, liver functions, urine protein and blood pressure as per Physician Orders
  - Urinalysis for protein. Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after bevacizumab 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
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

- 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
- 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 4mg (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 4mg (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
- Provide patient with a supply of loperamide
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Nursing 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
- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events

- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**