

Regimen Reference Order

GAST – fluorouracil + leucovorin + oxaliplatin + DOCETaxel (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 $1.5 \times 10^9/L$ 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 a day the day before treatment and one dose the morning of DOCETaxel treatment (Self-administered at home)

Treatment Regimen

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Establish primary solution 500 mL of: D5W

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
DOCETaxel	50 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
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 ²	IV in D5W 500 mL over 2 hours oxaliplatin can be infused at the same time as leucovorin through a Y site
leucovorin	200 mg/m ²	IV in D5W 250 mL over 2 hours
fluorouracil	2600 mg/m ²	IV in D5W continuously over 24 hours by ambulatory infusion device

All doses will be automatically rounded that fall within the DSG Approved Dose Bands or Agent Rounding. 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 and biochemistry 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
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
- 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
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required