

Regimen Reference Order – GAST – PANitumumab + FOLFOX-6 (MET)

ARIA: GAST – [PANitumumab + FOLFOX-6]

Planned Course: Every 14 days until disease progression or unacceptable toxicity

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 – PANitumumab + FOLFOX-6 (MET)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
PANitumumab	6 mg/kg	IV in normal saline 100 mL over 60 minutes If cycle 1 of PANitumumab is tolerated, the subsequent infusions may be administered over 30 minutes Attach a 0.22 micron in-line filter <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: Pump programming should reflect actual volume in the bag</i>

Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)

oxaliplatin	100 mg/m ²	IV in 500 mL D5W over 2 hours oxaliplatin and leucovorin may be infused over the same 2 hour period by using Y-site connector
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leucovorin	400 mg/m ²	IV in D5W 500 mL over 2 hours
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 the DSG Approved Dose Bands. See GAST DSG – Dose Banding document for more information		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’

REQUIRED MONITORING

All Cycles

- CBC , biochemistry as per physician order
- Full vital signs (temperature, heart rate, respiration, blood pressure and O₂ saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	4 mg	Orally twice daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 4 hours as needed for nausea and vomiting
hydrocortisone cream	1%	Apply daily at bedtime to face, hands, feet, neck, back and chest as directed
doxycycline	100 mg	Orally twice daily for 14 days. Repeat with each cycle
Sunscreen	Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply a broad-spectrum sunscreen before going outdoors
Moisturizing lotion	Fragrance-free	Apply daily in the morning on rising to face, hands, feet, neck, back and chest

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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- N/A