# **Regimen Reference Order – GENU – DOCEtaxel + CARBOplatin**

ARIA: GENU – [DOCEtaxel + CARBO]

Planned Course:Every 21 days up to 10 cyclesIndication for Use:Prostate Cancer, Metastatic, Castration-Resistant

**CVAD:** At Provider's Discretion

#### Proceed with treatment if:

ANC equal to or greater than 1.5 x 10<sup>9</sup>/L AND Platelets equal to or greater than 100 x 10<sup>9</sup>/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 DOCEtaxel treatment and one dose the morning of DOCEtaxel treatment (Self-administered at home)		
		*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions		

Establish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline		
Day 1				
predniSONE	10 mg	Orally once in the morning with food (Self-administered at home)		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy		
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy *Nursing Alert: this dose is in addition to the 8 mg self- administered dose taken at home morning of Day 1		
DOCEtaxel	75 mg/m <sup>2</sup>	<ul> <li>IV in normal saline 250 mL over 1 hour, following the administration rates below: <ul> <li>Administer at 100 mL/hour for 15 minutes, then</li> <li>Administer remaining volume over 45 minutes</li> </ul> </li> <li>Use non-DEHP bags and non-DEHP administration sets</li> <li>OR</li> </ul>		



		<ul> <li>For 500 mL bags (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability):</li> <li>IV in normal saline 500 mL over 1 hour, following the administration rates below: <ul> <li>Administer at 200 mL/hour for 15 minutes, then</li> <li>Administer remaining volume over 45 minutes</li> </ul> </li> <li>Use non-DEHP bags and non-DEHP administration sets</li> </ul>
normal saline	100 mL	<b>ONLY</b> for patients with a PORT IV over 12 minutes *Nursing Alert: This volume is to be administered after standard flush
CARBOplatin	AUC 4 mg/mL.min; maximum dose 600 mg (see table below)	IV in D5W 250 mL over 30 minutes
Days 2 to 21		
predniSONE	10 mg	Orally once daily in the morning with food (Self-administered at home)
All doses will be automa more information	tically rounded that fall wi	thin CCMB Approved Dose Bands. See Dose Banding document for

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, bilirubin and PSA as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is 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		
aprepitant	80 mg	Orally once daily on Days 2 and 3		
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		

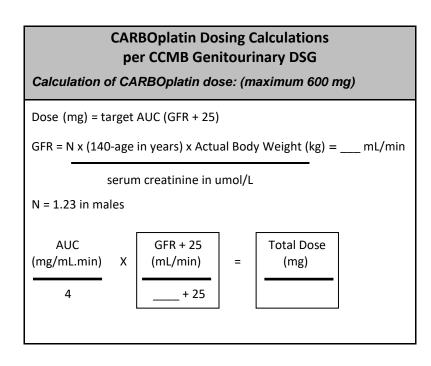


#### DISCHARGE INSTRUCTIONS

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

### ADDITIONAL INFORMATION

- CARBOplatin dose considerations:
  - CCMB Genitourinary DSG uses **actual body weight** to calculate GFR
  - CCMB Genitourinary DSG uses a maximum CARBOplatin dose of 600 mg
  - If calculated CARBOplatin dose differs more than 10% from prescribed CARBOplatin dose, contact the prescriber



#### AUC= Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation may not be appropriate for some patient populations (for example, acute renal failure).

