Regimen Reference Order – GENU – MVAC (Dose Dense)

ARIA: GENU - [MVAC (dose dense)]

Planned Course: Every 14 days for 6 cycles
Indication for Use: Bladder Cancer; Neo-Adjuvant

CVAD: Preferred (VESICANT INVOLVED)

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***
- ***Creatinine clearance greater than 50 mL/minute***
  - ❖ **Do not delay or cancel therapy without consulting Medical Oncologist**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GENU – MVAC (Dose Dense)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
methotrexate	30 mg/m^2	IV in normal saline 50 mL over 20 minutes *(Maximum rate 10 mg/minute)*
Day 2		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy
vinBLAStine	3 mg/m^2	IV in normal saline 25 mL over 5 to 10 minutes by gravity infusion
DOXOrubicin	30 mg/m^2	IV Push over 10 to 15 minutes
CISplatin	70 mg/m^2	IV in normal saline 500 mL over 1 hour **Alert: CISplatin infusion must be complete prior to mannitol administration*
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)

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

REQUIRED MONITORING

Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

All Cycles

Day 1

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

Day 2

- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) (*See Filgrastim Clinical Guide*)	6 mg	Subcutaneous once on Day 3 **Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy*
aprepitant	80 mg	Orally once daily on Days 3 and 4
dexamethasone	8 mg	Orally once daily on Days 3, 4 and 5
OLANZapine	2.5 mg	Orally the evening of Day 2 then twice daily on Days 3, 4 and 5. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 2 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- 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

- This protocol requires methotrexate to be given on Day 1 of the regimen. methotrexate must not be administered on Day 2 with the other chemotherapy agents
- DOXOrubicin is cardiotoxic
- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m^2
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia