Regimen Reference Order – GENU – cabazitaxel

ARIA: GENU – [cabazitaxel]

Planned Course:Every 21 days until disease progressionIndication for Use:Prostate Cancer, Metastatic Hormone-Refractory

CVAD: At Provider's Discretion

Proceed with treatment if:

ANC equal to or greater than 1.5 x 10⁹/L AND Platelets equal to or greater than 100 x 10⁹/L Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

| Pre-treatment Requirements | | | | |
|----------------------------|------|-------------------------------|--|--|
| Drug | Dose | CCMB Administration Guideline | | |
| | Ν | ot applicable | | |

| 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) | | |
| famotidine | 40 mg | Orally 1 hour prior to cabazitaxel | | |
| cetirizine | 10 mg | Orally 30 minutes prior to cabazitaxel | | |
| dexamethasone | 8 mg | IV in normal saline 50 mL over 15 minutes | | |
| Wait 30 minutes after | completion of IV pre-med | lications before starting cabazitaxel | | |
| cabazitaxel | 20 mg/m ² | IV in normal saline 250 mL over 60 minutes | | |
| | | Use non-DEHP bags and non-DEHP administration sets with | | |
| | | 0.2 or 0.22 micron filter | | |
| Days 2 to 21 | | | | |
| predniSONE | 10 mg | Orally once daily in the morning with food | | |
| | | (Self-administered at home) | | |

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

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, liver enzymes, total bilirubin, electrolytes and PSA 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 is required after cabazitaxel 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 | |
| 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
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE at home
- Patients should be advised to contact clinic prior to the administration of live or live-attenuated vaccines due to risk of immunosuppression by cabazitaxel
- Patients should be instructed to contact their cancer team if they experience three or more episodes of diarrhea per day
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

• LHRH analog treatment (i.e. leuprolide, goserelin) is continued during cabazitaxel and predniSONE therapy

