

Regimen Reference Order – GYNE - CISplatin + DOXOrubicin

ARIA: GYNE – [CISplatin + DOXOrubicin]

Planned Course: Every 28 days for 6 cycles

Indication for Use: Ovarian or Uterine Sarcoma

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

Cycle 1

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 45 mL/min

Cycle 2 and onwards

- ANC equal to or greater than $1.2 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$
- Creatinine clearance greater than 45 mL/min
- ❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GYNE - CISplatin + DOXOrubicin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
magnesium sulfate	2 g	IV in 1000 mL normal saline 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
DOXOrubicin	50 mg/m ²	IV Push over 10 to 15 minutes
CISplatin	50 mg/m ²	IV in normal saline 500 mL over 1 hour <i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i>
mannitol	12.5 g	IV in 1000 mL NS over 2 hours (Post hydration)

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

Cardiac monitoring

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

All Cycles

- CBC, biochemistry, serum creatinine, urea, liver enzymes and electrolytes as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

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, 3 and 4
OLANzapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

- 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

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- DOXOrubicin is cardiotoxic