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

ARIA: GYNE – [DOCEtaxel + CARBOplatin]

Planned Course:Every 21 days until disease progression or unacceptable toxicityIndication for Use:Primary or Recurrent Ovarian or Endometrial Cancer; Recurrent Cervix Cancer

CVAD: At Provider's Discretion

#### Proceed with treatment if:

Cycle 1

• ANC equal to or greater than 1.5 x  $10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$  Cycle 2 and Onwards

- ANC equal to or greater than  $1.2 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$ 
  - 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<br>dexamethasone. dexamethasone is prescribed to prevent infusion<br>reactions |  |  |

#### **Treatment Regimen – GYNE – DOCEtaxel + CARBOplatin**

| Drug  | Dose                 | CCMB Administration Guideline   |  |  |
|---|----------------------|---|--|--|
| Establish primary solution 500 mL of: normal saline |                      |   |  |  |
| aprepitant  | 125 mg               | Orally 1 hour pre-chemotherapy  |  |  |
| ondansetron   | 16 mg                | Orally 30 minutes pre-chemotherapy  |  |  |
| dexamethasone                                       | 4 mg                 | Orally 30 minutes pre-chemotherapy<br>*Nursing Alert: this dose is in addition to the 8 mg self-administered<br>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> <li>For 500 mL bags (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability):</li> </ul> |  |  |



|               |   | <ul> <li>IV in normal saline 500 mL over 1 hour, following the administration rates below:</li> <li>Administer at 200 mL/hour for 15 minutes, then</li> <li>Administer remaining volume over 45 minutes</li> <li>Use non-DEHP bags and non-DEHP administration sets</li> </ul> |
|---------------|---|--|
| normal saline | 100 mL  | ONLY for patients with a PORT<br>IV over 12 minutes<br>*Nursing Alert: This volume is to be administered after standard<br>flush   |
| CARBOplatin   | AUC 6 mg/mL.min;<br>maximum dose<br>900 mg<br>(see table below) | IV in D5W 250 mL over 30 minutes   |

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

### **REQUIRED MONITORING**

All Cycles

- CBC, serum creatinine and liver enzymes 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 |  |  |

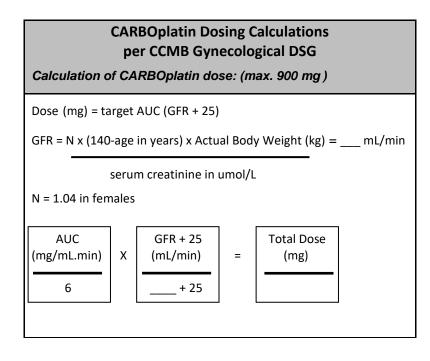
## **DISCHARGE INSTRUCTIONS**

- 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 Gynecological DSG uses actual body weight to calculate GFR
  - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 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).

