

Regimen Reference Order – GYNE – DOXOrubicin

ARIA: GYNE – [DOXOrubicin]

SUPP – [dexrazoxane]

Planned Course: Every 21 days for 6 to 8 cycles

Indication for Use: Endometrial Cancer, Recurrent

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 $100 \times 10^9/L$

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
Not Applicable		

Treatment Regimen – GYNE – DOXOrubicin

Establish primary solution 500 mL of: normal saline

Cycles 6 to 8: Primary solution of Lactated Ringer's is NOT required

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 5		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	60 mg/m^2	IV push over 10 minutes
Cycles 6 to 8		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy

dexrazoxane*	10:1 ratio of dexrazoxane to DOXOrubicin	ONLY to be given once patient will receive a total DOXOrubicin dose that will exceed 300 mg/m² IV made up to a final concentration of 3 mg/mL in Lactated Ringer's over 30 minutes immediately prior to the administration of DOXOrubicin *Nursing Alert: dexrazoxane infusion must be complete prior to DOXOrubicin administration
DOXOrubicin	60 mg/m ²	IV push over 10 minutes
*dexrazoxane dose (mg/m ²) is usually dosed at a ratio of dexrazoxane: DOXOrubicin 10:1. Refer to Shared Health Parenteral Drug Monograph for further information		

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, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders

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 a 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

- DOXOrubicin is cardiotoxic
- dexrazoxane should be added to treatment regimen after patient has received a cumulative DOXOrubicin dose of 300 mg/m² (usually at cycle 6) or cumulative lifetime anthracycline dose is exceeded. dexrazoxane is prescribed to provide cardioprotection from anthracycline-associated toxicity
- **Note: For Cycles 6 to 8, an entry called "Physician Reminder – Order dexrazoxane if indicated 1 Units Insert Miscellaneous once"** will appear in the electronic drug order. **This prompt is to remind the prescriber to order dexrazoxane if indicated**
- Please note that ARIA regimens/protocols require DOXOrubicin and dexrazoxane to be ordered separately
 - Support protocol is available for dexrazoxane under **dexrazoxane** in the "Heart Damage" folder