Regimen Reference Order

GYNE – PACLitaxel + CARBOplatin Intraperitoneal (IP)

ARIA: GYNE – [PACLitaxel +CARBO (Intraperitoneal)]

Planned Course: Every 21 days for up to 6 cycles
Indication for Use: Ovarian Cancer Adjuvant, Optimally debulked

CVAD: At Provider's Discretion

Alert: Intraperitoneal Catheter Required

Proceed with treatment if:

Cycle 1

Day 1

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***

Day 8

- ***Blood work at provider's discretion: not required to proceed with treatment***

Cycle 2 and Onwards

Day 1

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***

Day 8

- ***Blood work at provider's discretion: not required to proceed with treatment***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
**Nursing Alert:* Ensure Standard Operating Procedure *Intraperitoneal Chemotherapy Administration and Care* has been reviewed and is available during treatment		

Treatment Regimen – GYNE – PACLitaxel + CARBOplatin Intraperitoneal (IP)

Drug	Dose	CCMB Administration Guideline
Day 1		
Establish IV primary solution 500 mL of: normal saline		
famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy

dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	175 mg/m^2	**Intravenous (IV)** in normal saline 500 mL over 3 hours *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*
Encourage patient to attempt to empty bladder and bowel **Establish IP primary solution 1000 mL of: normal saline**		
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	**Intraperitoneal (IP)** in normal saline 1000 mL infused as rapidly as possible by gravity
normal saline	1000 mL	**Intraperitoneal (IP)** infused as rapidly as possible by gravity immediately following infusion of IP CARBOplatin **Nursing Alert:* *Patient to rotate body position every 15 minutes*
Day 8		
Establish IV primary solution 500 mL of: normal saline		
famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Encourage patient to attempt to empty bladder and bowel **Establish IP primary solution 1000 mL of: normal saline**		
Wait 30 minutes after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	60 mg/m^2	**Intraperitoneal (IP)** in normal saline 1000 mL infused as rapidly as possible by gravity *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*
normal saline	1000 mL	**Intraperitoneal (IP)** infused as rapidly as possible by gravity immediately following infusion of IP PACLitaxel **Nursing Alert:* *Patient to rotate body position every 15 minutes*

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

REQUIRED MONITORING

All Cycles

Nurse to remain at bedside for the first 15 minutes of intraperitoneal administration. Monitor for signs of unexpected side effects such as acute abdominal pain, edema around port site, dyspnea or fluid leaking from port site and/or vagina

Day 1

- CBC, serum creatinine, electrolytes, liver enzymes and CA-125 levels as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Day 8

- CBC and biochemistry as per Physician Orders. Not required to proceed with treatment
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after PACLitaxel 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
- Patient should report to physician or nurse:
    - unusual abdominal pain,
    - expanding waistline between treatments,
    - fever or chills,
    - shortness of breath
    - nausea and/or vomiting greater than 3 days
    - diarrhea or constipation greater than 3 days
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- PACLitaxel may cause progressive, irreversible neuropathy
- Administration site restrictions are in place for intraperitoneal route of administration
- 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

CARBOplatin Dosing Calculations per CCMB Gynecological DSG

Calculation of CARBOplatin dose: (max. 900 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{\text{N} \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in umol/L}} = \_\_\_ \text{ mL/min}$$

N = 1.04 in females

$$\frac{\text{AUC (mg/mL.min)}}{6} \times \frac{\text{GFR + 25 (mL/min)}}{\_\_\_\_ + 25} = \text{Total Dose (mg)}$$

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).