

Regimen Reference Order

GYNE – bevacizumab + PACLitaxel + CARBOplatin (ovarian)

ARIA: GYNE – [bev + PACLitaxel + CARBO (Ovarian)]

Planned Course: Every 21 days for 18 cycles (Cycle 1 PACLitaxel and CARBOplatin;
Cycles 2 to 6 PACLitaxel and CARBOplatin and bevacizumab;
Cycles 7 to 18 bevacizumab)

Indication for Use: Ovarian Cancer

CVAD: At Provider’s Discretion

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 $100 \times 10^9/L$*

Cycles 2 to 18

- *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 – bevacizumab + PACLitaxel + CARBOplatin (ovarian)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
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	IV in normal saline 500 mL over 3 hours <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i>

CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Cycles 2 to 6		
bevacizumab (brand name specific)	7.5 mg/kg	IV in normal saline 100 mL over 15 minutes <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i>
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	IV in normal saline 500 mL over 3 hours <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i>
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Cycles 7 to 18		
bevacizumab (brand name specific)	7.5 mg/kg	IV in normal saline 100 mL over 15 minutes <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i>
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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

REQUIRED MONITORING

Cycle 1

- CBC, serum creatinine and liver enzymes 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 PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 to 18

- CBC, serum creatinine, liver enzymes, urine protein and blood pressure as per Physician Orders
 - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- 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 PACLitaxel or bevacizumab 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
Cycles 1 to 6 ONLY		
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

All Cycles

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

Cycles 1 to 6

- 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

- bevacizumab can cause increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**
- PACLitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
 - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
 - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
 - 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: (maximum 900 mg)										
Dose (mg) = target AUC (GFR + 25)										
$\text{GFR} = N \times (140 - \text{age in years}) \times \frac{\text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \text{___ mL/min}$										
N = 1.04 in females										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">AUC (mg/mL.min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">6</td> </tr> </table>	AUC (mg/mL.min)	6	x	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">GFR + 25 (mL/min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">___ + 25</td> </tr> </table>	GFR + 25 (mL/min)	___ + 25	=	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Total Dose (mg)</td> </tr> <tr> <td style="border-top: 1px solid black; height: 15px;"></td> </tr> </table>	Total Dose (mg)	
AUC (mg/mL.min)										
6										
GFR + 25 (mL/min)										
___ + 25										
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).