Regimen Reference Order

ESOPH – PACLitaxel + CARBOplatin with concurrent radiation

ARIA: ESOPH - [PACL+CARBO + RT(NEOADJ)]

Planned Course:Once weekly for 5 weeks with concurrent radiationIndication for Use:Esophageal Cancer

CVAD: At Provider's Discretion

Proceed with treatment if:

ANC equal to or greater than 1.5 x 10⁹/L AND Platelets equal to or greater than 100 x 10⁹/L Contact Physician if parameters are not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements				
Drug	Dose	CCMB Administration Guideline		
		Not Applicable		

	Treatment Regimen – ESOPH – PACLitaxel + CARBOplatin with concurrent radiation				
Establish primary solution 500 mL of: normal saline					
Drug	Dose	CCMB Administration Guideline			
Days 1, 8, 15, 22 and 29					
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel			
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy			
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to PACLitaxel *Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion			
Wait 1 hour after co	mpletion of IV pre-medic	ation(s) before starting PACLitaxel			
PACLitaxel	50 mg/m ²	 IV in normal saline 250 mL over 1 hour, following the administration rates below: Administer at 100 mL/hour for 15 minutes, then Administer remaining volume over 45 minutes 			
		Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter			
		*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug			
CARBOplatin	AUC 2 mg/mL.min; maximum dose 300 mg	IV in D5W 250 mL over 30 minutes			
	(see table below)				



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

Days 1, 8, 15, 22 and 29

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin 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

Recommended Support Medications			
Drug	Dose	CCMB Administration Guideline	
dexamethasone	8 mg	Orally once daily on Days 2, 3, 9, 10, 16, 17, 23, 24, 30 and 31 (i.e. for 2 days beginning the day after each dose of chemotherapy)	
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting	

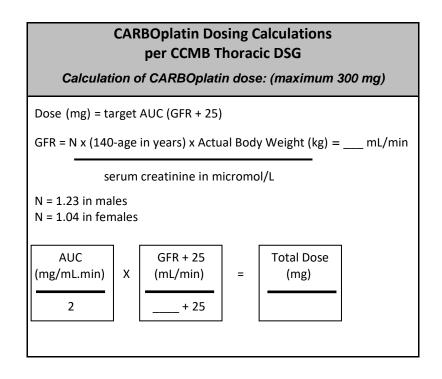
DISCHARGE INSTRUCTIONS

- 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

- PACLitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
 - CCMB Thoracic DSG uses actual body weight to calculate GFR
 - CCMB Thoracic DSG uses a maximum CARBOplatin dose of 300 mg for this regimen
 - If calculated CARBOplatin dose differs more than 10% from prescribed CARBOplatin dose, contact the prescriber
- Since treatment is given concurrently with radiation, site restrictions are in place





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 above may not be appropriate for some patient populations (for example, acute renal failure).

