Regimen Reference Order – THOR – CARBOplatin + irinotecan

ARIA: LUNG – [CARBOplatin + irinotecan]

Planned Course:Every 28 days for 6 cyclesIndication for Use:Small Cell Lung Cancer

CVAD: At Provider's Discretion

Proceed with treatment if:

ANC equal to or greater than 1.5 x $10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements			
Drug	Dose	CCMB Administration Guideline	
Not Applicable			

Treatment Regimen – THOR – CARBOplatin + irinotecan

Establish primary solution 500 mL of: normal saline			
Drug	Dose	CCMB Administration Guideline	
Day 1			
aprepitant	125 mg	Orally 1 hour pre-chemotherapy	
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy	
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy	
CARBOplatin	AUC 5 mg/mL.min; maximum dose = 750 mg	IV in D5W 250 mL over 30 minutes	
atropine	0.6 mg	IV Push over 2 – 3 minutes prior to irinotecan May be repeated once if diarrhea occurs during irinotecan infusion	
irinotecan	50 mg/m ²	IV in D5W 250 mL over 90 minutes	
Days 8 and 15			
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy	
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy	
atropine	0.6 mg	IV Push over 2 – 3 minutes prior to irinotecan May be repeated once if diarrhea occurs during irinotecan infusion	
irinotecan	50 mg/m ²	IV in D5W 250 mL over 90 minutes	



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

REQUIRED MONITORING

All Cycles

Day 1

loperamide

CBC, biochemistry, serum creatinine and urea as per Physician Orders

Days 8 and 15

• CBC 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 for 2 days starting the day after chemotherapy on Days 2, 9 and 16	
prochlorperazine	10 mg	Orally every 4 - 6 hours as needed for nausea and vomiting	

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home ٠
- If diarrhea occurs within 24 hours of irinotecan administration:

2 – 4 mg

 Return to cancer care clinic or go to the emergency department. A second dose of intravenous atropine may be required

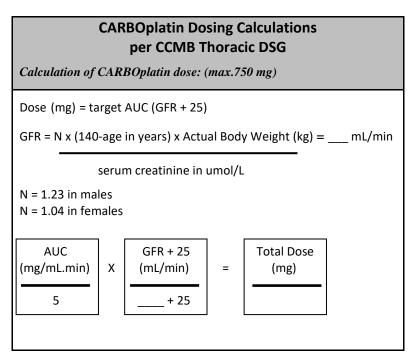
Orally as directed below

- If cramping or diarrhea occurs more than 24 hours after irinotecan administration:
 - Take loperamide 4 mg (two 2 mg tablets) orally STAT; then
 - During the day: take 2 mg (one 2 mg tablet) orally every 2 hours
 - During the night: Take 4 mg (two 2 mg tablets) orally at bedtime and then every 4 hours until morning
 - o STOP loperamide once no bowel movement has occurred (e.g. diarrhea-free) for 12 hours
 - o If diarrhea has not stopped despite taking 12 tablets (24 mg) of loperamide over a 24 hour period, please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre. Please note that 24 mg per 24 hours is higher than the usual "over the counter" dose for loperamide.
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion ٠ of chemotherapy



ADDITIONAL INFORMATION

- Nursing to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1
- CARBOplatin dose considerations:
 - o CCMB Thoracic DSG uses actual body weight to calculate GFR
 - o CCMB Thoracic DSG uses a maximum CARBOplatin dose of 750 mg for this regimen
 - 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 above may not be appropriate for some patient populations (for example, acute renal failure)

