

## Regimen Reference Order – INT-0116

ARIA: GAST - [INT-0116]

**Planned Course:** Cycle 1: leucovorin and fluorouracil 28 days before radiation  
 Cycle 2: leucovorin and fluorouracil with first 4 fractions of radiation  
 Cycle 3: leucovorin and fluorouracil with last 3 fractions of radiation  
 Cycles 4 and 5: leucovorin and fluorouracil every 28 days, starting 28 days after radiation

**Indication for Use:** Gastric Cancer; Adjuvant

**CVAD:** At Provider's Discretion

**Proceed with treatment if:**

**ANC equal to or greater than  $1.5 \times 10^9/L$  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 – GAST – INT-0116

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
<b>Days 1 to 5</b>		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
leucovorin	20 mg/m <sup>2</sup>	IV Push over 5 minutes
fluorouracil	425 mg/m <sup>2</sup>	IV Push over 5 minutes
<b>Cycle 2</b>		
<b>Days 1 to 4</b>		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
leucovorin	20 mg/m <sup>2</sup>	IV Push over 5 minutes
fluorouracil	400 mg/m <sup>2</sup>	IV Push over 5 minutes
<b>Cycle 3</b>		
<b>Days 1 to 3</b>		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy

leucovorin	20 mg/m <sup>2</sup>	IV Push over 5 minutes
fluorouracil	400 mg/m <sup>2</sup>	IV Push over 5 minutes
<b>Cycles 4 and 5</b>		
<b>Days 1 to 5</b>		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
leucovorin	20 mg/m <sup>2</sup>	IV Push over 5 minutes
fluorouracil	425 mg/m <sup>2</sup>	IV Push over 5 minutes
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

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

## DISCHARGE INSTRUCTIONS

All Cycles

- 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

- Not applicable