Regimen Reference Order – GAST – PANitumumab + FOLFIRI

ARIA: GAST - [PANitumumab + FOLFIRI]

Planned Course: Every 14 days until disease progression or unacceptable toxicity
Indication for Use: Colorectal Cancer Metastatic

CVAD: Required (Ambulatory Pump)

Proceed with treatment if:

ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 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 – PANitumumab + FOLFIRI

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
PANitumumab	6 mg/kg	IV in normal saline 100 mL over 1 hour If Cycle 1 of PANitumumab is tolerated, the subsequent infusions may be administered over 30 minutes Doses greater than 1000 mg must be administered over 90 minutes *Use 0.2 or 0.22 micron filter*
atropine	0.6 mg	IV Push over 2 – 3 minutes pre-irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
irinotecan	180 mg/m^2	IV in D5W 500 mL over 90 minutes **Nursing Alert: irinotecan and leucovorin may be infused over the same 90-minute period using a Y-site connector*
leucovorin	400 mg/m^2	IV in D5W 500 mL over 90 minutes
fluorouracil	400 mg/m^2	IV Push over 5 minutes
fluorouracil	2400 mg/m^2	IV in D5W continuously over 46 hours by ambulatory infusion device

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, biochemistry and magnesium as per Physician Orders
- Clinical toxicity assessment prior to each cycle (including dermatological, gastrointestinal, pulmonary and ophthalmic assessment)
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting
loperamide	2 – 4 mg	Orally as directed below
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed
doxycycline	100 mg	Orally twice daily for 14 days. Repeat with each cycle
Sunscreen	Broad-spectrum, Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply liberally to exposed skin 30 minutes before going outdoors. Reapply every 2 hours and after swimming
Moisturizing lotion	Fragrance-free	Apply topically to face, hands, feet, neck, back and chest daily in the morning on rising and **as needed**

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) and to use recommended support medications at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- If diarrhea occurs within 24 hours of irinotecan administration:
  - Return to cancer care clinic or go to the emergency department. A second dose of intravenous atropine may be required
- 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
  - STOP loperamide once no bowel movement has occurred (e.g. diarrhea-free) for 12 hours
  - 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 of chemotherapy

ADDITIONAL INFORMATION

- Nurse to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1