

Regimen Reference Order – GAST – TNT (OPRA)

- ARIA: GAST - [fluorouracil + RT (OPRA)]
- GAST - [capecitabine + RT (OPRA)]
- GAST - [mFOLFOX6 (OPRA)]
- GAST - [XELOX (OPRA)]

Planned Course: Concurrent Chemoradiation (CRT) Phase: fluorouracil with radiation OR capecitabine with radiation (25 fractions of radiation over 5 to 6 weeks), followed by:
Neo-Adjuvant Phase: mFOLFOX6 every 14 days for 8 cycles OR XELOX every 21 days for 6 cycles, followed by surgery or observation

Indication for Use: Rectal Cancer; Total Neoadjuvant Therapy (TNT)

CVAD: Required (Ambulatory Pump) for fluorouracil with radiation and mFOLFOX6

Proceed with treatment if:
ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$
 ❖ **Contact Physician if parameters are not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – TNT (OPRA)		
Concurrent Chemoradiation (CRT) Phase		
Option #1: fluorouracil with radiation		
Drug	Dose	CCMB Administration Guideline
fluorouracil	225 mg/m ² /day	IV in D5W continuously by ambulatory infusion device. Start infusion on first day of radiation and continue until last day of radiation (25 fractions of radiation over 5 to 6 weeks) <i>*Alert: Change ambulatory infusion device once every 7 days (i.e. 1575 mg/m² over 168 hours) throughout radiation</i>
OR		
Option #2: capecitabine with radiation		
capecitabine	825 mg/m ²	Orally twice daily on days of radiation only Take with food. Swallow whole (Self-administered at home)

Neo-Adjuvant Phase		
Option #1: mFOLFOX6 every 14 days for 8 cycles		
Establish primary solution 500 mL of: D5W		
Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	85 mg/m ²	IV in D5W 500 mL over 2 hours <i>*Nursing Alert: oxaliplatin and leucovorin may be infused over the same 2-hour period using a Y-site connector</i>
leucovorin	400 mg/m ²	IV in D5W 500 mL over 2 hours
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
OR		
Option #2: XELOX every 21 days for 6 cycles		
Establish primary solution 500 mL of: D5W		
Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	130 mg/m ²	IV in D5W 500 mL over 2 hours
capecitabine	1000 mg/m ²	Orally twice daily on Days 1 to 14 , followed by 7 days off Take with food. Swallow whole (self-administered at home)
All doses will be automatically rounded that fall within CCMB DSG Approved Dose Bands. See Dose Banding document for more information		
capecitabine (XELODA®) available dosage strengths: 150 mg and 500 mg tablets		
Classification: Cytotoxic, Hazardous		

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

REQUIRED MONITORING

Concurrent Chemoradiation (CRT) Phase

Prior to start of radiation

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

During radiation

- CBC once weekly as per Physician Orders

mFOLFOX6 OR XELOX (Neo-Adjuvant Phase)

All Cycles

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

Recommended Support Medications – GAST – TNT (OPRA)

Concurrent Chemoradiation (CRT) Phase – fluorouracil OR capecitabine with radiation

Drug	Dose	CCMB Administration Guideline
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting

Neo-Adjuvant Phase – mFOLFOX6 OR XELOX

dexamethasone	8 mg	Orally once daily on Days 2 and 3
prochlorperazine	10 mg	Orally every 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

All Treatment Phases

- 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

Concurrent Chemoradiation (CRT) Phase

- For patients prescribed continuous fluorouracil infusion:
 - Ensure patient has received a home chemotherapy spill kit and instruction for use
- For patients prescribed capecitabine:
 - Inform patient to start capecitabine on the first day of radiation and take capecitabine every day that they receive radiation. If patient will run out of capecitabine supply before the end of radiation, patient should contact medical oncologist's clinic to discuss whether an additional prescription is required

mFOLFOX6 OR XELOX (Neo-Adjuvant Phase)

- For patients prescribed mFOLFOX6:
 - Ensure patient has received a home chemotherapy spill kit and instructions for use

ADDITIONAL INFORMATION

Concurrent Chemoradiation (CRT) Phase

- fluorouracil should start on the first day of radiation and continue until the last day of radiation (including weekends and holidays when radiation is not administered)
 - If weekly fluorouracil pump supply will extend beyond the last day of radiation, fluorouracil pump can be disconnected on the last day of radiation
 - If prescribed duration of fluorouracil does not match the radiation schedule (e.g. drug duration will end too soon), contact medical oncologist to discuss whether a prescription to extend drug therapy is appropriate
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy
- capecitabine should start on the first day of radiation and continue on the days of radiation until the last day of radiation (radiation is given on Mondays through Fridays for 25 fractions of radiation). capecitabine is not taken on Saturdays and Sundays or other day without radiation treatment (e.g. statutory holidays, radiation machine maintenance days)
- Since treatment is given concurrently with radiation, site restrictions are in place

mFOLFOX6 OR XELOX (Neo-Adjuvant Phase)

- Neo-adjuvant treatment starts 2 weeks after completion of chemoradiation phase
- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
 - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
 - dose modification may be required
- capecitabine can cause diarrhea, hand-foot syndrome and neuropathy