Regimen Reference Order – GAST – trastuzumab + FOLFOX-6

ARIA: GAST – [trastuzumab + FOLFOX-6 (MET)]

Planned Course: Every 14 days for 9 cycles
Indication for Use: Gastric Cancer/Gastroesophageal Junction Tumor Metastatic; HER2 positive

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 – trastuzumab + FOLFOX-6

Drug	Dose	CCMB Administration Guideline
Establish primary solution 500 mL of: normal saline (trastuzumab incompatible with D5W)		
trastuzumab (brand name specific)	**Cycle 1** 6 mg/kg Loading Dose	IV in normal saline 250 mL over 90 minutes **Alert*: *Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Nursing Alert*: oxaliplatin infusion starts after observation period is complete
	Cycles 2 to 9 4 mg/kg	IV in normal saline 250 mL over 30 minutes **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
Establish primary solution 500 mL of: D5W (oxaliplatin incompatible with normal saline)		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
oxaliplatin	85 mg/m^2	IV in 500 mL D5W over 2 hours oxaliplatin and leucovorin may be infused over the same 2 hour period using a Y-site connector
leucovorin	400 mg/m^2	IV in 500 mL D5W 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
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See GAST or THOR DSG – Dose Banding document for more information		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

Cardiac monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and every 4 cycles

All Cycles

- CBC, biochemistry and liver enzymes as per Physician Orders

Cycle 1 Only

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after trastuzumab infusion. Full vital signs after observation period is complete. oxaliplatin infusion begins after observation period is complete

Cycles 2 to 9

- Full vital signs at baseline and as clinically indicated
- No observation period required after trastuzumab 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 and 3
prochlorperazine	10 mg	Orally every 6 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
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- oxaliplatin causes cold intolerance and laryngopharyngeal dysesthesia
  - no ice chips or cold drinks
- oxaliplatin may cause progressive, irreversible neuropathy
  - dose modification may be required
- trastuzumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after trastuzumab. **Ensure prescription label matches the brand name on prescribed order**