

Regimen Reference Order – GENU – MVAC (Dose Dense)

ARIA: GENU - [MVAC (dose dense)]

Planned Course: Every 14 days for 6 cycles

Indication for Use: Bladder Cancer; Neo-Adjuvant

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 50 mL/minute

❖ Do not delay or cancel therapy without consulting Medical Oncologist

Note: Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GENU – MVAC (Dose Dense)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
methotrexate	30 mg/m ²	IV in normal saline 50 mL over 20 minutes (Maximum rate 10 mg/minute)
Day 2		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
vinBLAstine	3 mg/m ²	IV in normal saline 25 mL over 5 to 10 minutes by gravity infusion
DOXOrubicin	30 mg/m ²	IV Push over 10 to 15 minutes
CISplatin	70 mg/m ²	IV in normal saline 500 mL over 1 hour *Alert: CISplatin infusion must be complete prior to mannitol administration
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)

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

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

Cardiac monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

All Cycles

Day 1

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

Day 2

- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 3 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
aprepitant	80 mg	Orally once daily on Days 3 and 4
dexamethasone	8 mg	Orally once daily on Days 3, 4 and 5
OLANzapine	2.5 mg	Orally the evening of Day 2 then twice daily on Days 3, 4 and 5. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 2 to 5) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- 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

- This protocol requires methotrexate to be given on Day 1 of the regimen. methotrexate must not be administered on Day 2 with the other chemotherapy agents
- DOXOrubicin is cardiotoxic
- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m²
- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy **Hepatitis B Monitoring for Oncology and Hematology Patients** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis