Regimen Reference Order

GYNE – bevacizumab + DOCEtaxel + CISplatin (cervix)

ARIA: GYNE - [bev + DOCE + CIS (Cervix)]

Planned Course: Every 21 days until disease progression or unacceptable toxicity
Indication for Use: Cervix Cancer Metastatic

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***
- ***Creatinine clearance greater than 45 mL/minute***

Cycle 2 and Onwards

- ***ANC equal to or greater than 1.2 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
- ***Creatinine clearance greater than 45 mL/minute***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally twice a day the day before DOCEtaxel treatment and one dose the morning of DOCEtaxel treatment (**Self-administered at home**) **Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions*

Treatment Regimen – GYNE – bevacizumab + DOCEtaxel + CISplatin (cervix)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
bevacizumab (brand name specific)	15 mg/kg	IV in normal saline 100 mL over 30 minutes **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
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
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	4 mg	Orally 30 minutes pre-chemotherapy **Nursing Alert: this dose is in addition to the 8 mg self-administered dose taken at home morning of Day 1*

DOCEtaxel	75 mg/m^2	IV in normal saline 250 mL over 1 hour, following the administration rates below: • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes *Use non-DEHP bags and non-DEHP administration sets* **OR** **For 500 mL bags** (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability): IV in normal saline 500 mL over 1 hour, following the administration rates below: • Administer at 200 mL/hour for 15 minutes, then • Administer remaining volume over 45 minutes *Use non-DEHP bags and non-DEHP administration sets*
normal saline	100 mL	**ONLY** for patients with a PORT IV over 12 minutes **Nursing Alert: This volume is to be administered after standard flush*
CISplatin	50 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 500 mL over 1 hour (Post hydration) **Alert: diluent volume and duration of infusion are different than standards used in other regimens*
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, urine protein and blood pressure as per Physician Orders
  - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify Gyne-Oncologist
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after DOCEtaxel or bevacizumab 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
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4
OLANZapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- bevacizumab can cause increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events
- bevacizumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after bevacizumab. **Ensure prescription label matches the brand name on prescribed order**