Regimen Reference Order

GYNE – trastuzumab + PACLitaxel + CARBOplatin (endometrial)

ARIA: GYNE - [trastuzumab + PACL + CARBO]

Planned Course: **trastuzumab + PACLitaxel + CARBOplatin every 21 days for 6 cycles, followed by trastuzumab every 21 days until disease progression or unacceptable toxicity**

Indication for Use: **Uterine Serous Cancer Recurrent/Metastatic HER2 positive**

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***

Cycles 2 to 6

- ***ANC equal to or greater than 1.2 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***

trastuzumab Maintenance

- ***Blood work at provider's discretion; not required to proceed with treatment***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen
GYNE – trastuzumab + PACLitaxel + CARBOplatin (endometrial)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 6 – trastuzumab + PACLitaxel + CARBOplatin		
Day 1		
trastuzumab (brand name specific)	**Cycle 1** 8 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: PACLitaxel infusion begins after observation period is complete*
	Cycles 2 to 6 6 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*
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel

aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes **1 hour** prior to PACLitaxel **Nursing Alert: PACLitaxel starts **1 hour after completion** of dexamethasone infusion*
Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	175 mg/m^2	IV in normal saline 500 mL over 3 hours, following the administration rates below: • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 2 hours and 45 minutes *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter* **Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug*
CARBOplatin	AUC 5 to 6 mg/mL.min; maximum dose up to 900 mg (see table below)	IV in D5W 250 mL over 30 minutes
Cycle 7 and Onwards – trastuzumab Maintenance every 21 days		
trastuzumab (brand name specific)	6 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*
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

Cardiac monitoring

- Left Ventricular Ejection Fraction (LVEF) at baseline and every 4 cycles (i.e. 12 weeks) as per Physician Orders

Cycles 1 to 6

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin 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 (first dose). Full vital signs after observation period is complete. PACLitaxel infusion begins after observation period is complete
- No observation period required after PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 to 6

- 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 trastuzumab or PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

trastuzumab Maintenance

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) 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
Cycles 1 to 6 – trastuzumab + PACLitaxel + CARBOplatin		
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
trastuzumab Maintenance		
None required		

DISCHARGE INSTRUCTIONS

Cycles 1 to 6

- 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

trastuzumab Maintenance

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

ADDITIONAL INFORMATION

- Reassess trastuzumab dose with significant weight changes
- 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**
- PACLitaxel may cause progressive, irreversible neuropathy
- CARBOplatin dose considerations:
  - The ARIA regimen is built with an AUC of 5
  - At the discretion of the Gyne-Oncologist, CARBOplatin dose may be increased to AUC 6
  - CCMB Gynecological DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
  - CCMB Gynecological DSG uses **actual body weight** to calculate GFR
  - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Gynecological DSG

Calculation of CARBOplatin dose: (maximum 900 mg)

Dose (mg) = target AUC (GFR + 25)

$$\text{GFR} = \frac{\text{N} \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in micromol/L}} = \_\_\_ \text{ mL/min}$$

N = 1.04 in females

$$\frac{\text{AUC (mg/mL.min)}}{5 \text{ to } 6} \times \frac{\text{GFR + 25 (mL/min)}}{\_\_\_\_ + 25} = \frac{\text{Total Dose (mg)}}{}$$

AUC = Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation may not be appropriate for some patient populations (for example, acute renal failure).