

## Regimen Reference Order

### H&N – DOXOrubicin + CISplatin + cyclophosphamide

ARIA: - H&N – [DOXOrubicin + CISplatin + cyclo]

Planned Course: Every 21 days for 6 to 8 cycles

Indication for Use: Salivary Gland Cancer; Metastatic

CVAD: At Provider's Discretion

#### **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 equal to or is greater than 45 mL/min

❖ Contact Physician if parameters not met

**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
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (Self-administered at home)		

#### Treatment Regimen – H&N – DOXOrubicin + CISplatin + cyclophosphamide

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
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
DOXOrubicin	50 mg/m <sup>2</sup>	IV push over 10 minutes
CISplatin	50 mg/m <sup>2</sup>	IV in normal saline 500 mL over 1 hour <i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i>
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour (Post hydration) <i>*Alert: diluent volume and duration of infusion are different than standards used in other regimens</i>
cyclophosphamide	500 mg/m <sup>2</sup>	IV in normal saline 500 mL over 1 hour

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 after cycle 4

### All Cycles

- CBC, serum creatinine, urea, liver enzymes and electrolytes as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

## 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 to 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

- Instruct patient to continue taking anti-emetic at home
- Instruct patient to:
  - Continue taking anti-emetic(s) at home
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- 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
- 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