

Regimen Reference Order – CUP – PACLitaxel + CISplatin

ARIA: CUP - [PACLitaxel + CISplatin]

Planned Course: Every 21 days until disease progression or unacceptable toxicity

Indication for Use: Carcinoma of Unknown Primary Site (CUP)

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 greater than 45 mL/minute**
- ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – CUP – PACLitaxel + CISplatin

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)
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
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>

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: <ul style="list-style-type: none"> • 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 <i>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</i>
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CISplatin	60 mg/m ²	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>

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 and liver enzymes as per Physician Orders
- 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 O₂ saturation) at baseline and as clinically indicated
- No observation period is required after PACLitaxel 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
- PACLitaxel may cause progressive, irreversible neuropathy