National Comprehensive Cancer Network®

USER GUIDE

NCCN Chemotherapy Order Templates

(NCCN Templates®)

Access to the NCCN Chemotherapy Order Templates (NCCN Templates®) for non-commercial users is available via subscription.

Prior to accessing the NCCN Templates®, users must accept an End-User License Agreement (EULA) and create a free account or login with an existing account on NCCN.org.

About the NCCN Templates®

NCCN continues to add to the library of chemotherapy order templates to improve the safe use of drugs and biologics in cancer care. NCCN Templates are intended for personal and practical use only. The information contained in the NCCN Templates is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and the NCCN Drugs & Biologics Compendium (NCCN Compendium®). The NCCN Templates include chemotherapy, immunotherapy, supportive care agents, monitoring parameters, and safety instructions. Special instructions for self-administered chemotherapeutic agents are also provided.

NCCN Templates enhance patient safety by allowing you to:

- Standardize patient care
- Reduce medication errors
- Anticipate and manage adverse events

An NCCN Template does not constitute an order. Any clinician seeking to treat a patient using the NCCN Templates is expected to use independent medical judgement in the context of the individual clinical circumstances specific to the patient's care or treatment.

The NCCN Templates Committee and the NCCN Templates reviewers play a critical role in the development and maintenance of the NCCN Templates. The NCCN Templates Committee and NCCN Templates reviewers consist of physicians, pharmacists, and nurses from NCCN Member Institutions. They are selected based on their clinical expertise with regard to systemic therapies as well as disease-specific subspecialty areas. NCCN Template content is reviewed annually based on the NCCN Guidelines®, the NCCN Compendium®, published drug information and research, and clinical experience.

NCCN recognizes and thanks committee members and volunteer reviewers for contributing their time and expertise by listing their names on NCCN.org/templates.

NCCN.org/templates

1 The NCCN Templates website contains a drop-down menu for displaying the template library by cancer type and/or agent name.

NCCN Chemotherapy Order Templates (NCCN Templates®)

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NCCN Templates® enhance patient safety by allowing you to:

- Standardize patient care
- Reduce medication errors
- Anticipate and manage adverse events

NCCN Templates® include regimens for the following diseases:

Please choose a cancer type:

And/or

Please choose an agent:

Reset Filters

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NCCN Templates Appendix A: Chemotherapy Calculations
NCCN Templates Appendix B: Carboplatin Dosing
NCCN Templates Appendix C: Growth Factors
NCCN Templates Appendix D: Nausea/Vomiting
NCCN Templates Appendix E: Regimen References
NCCN Templates Appendix F: Chemotherapy Administration Sequence
NCCN Templates Appendix G: Tall Man Lettering

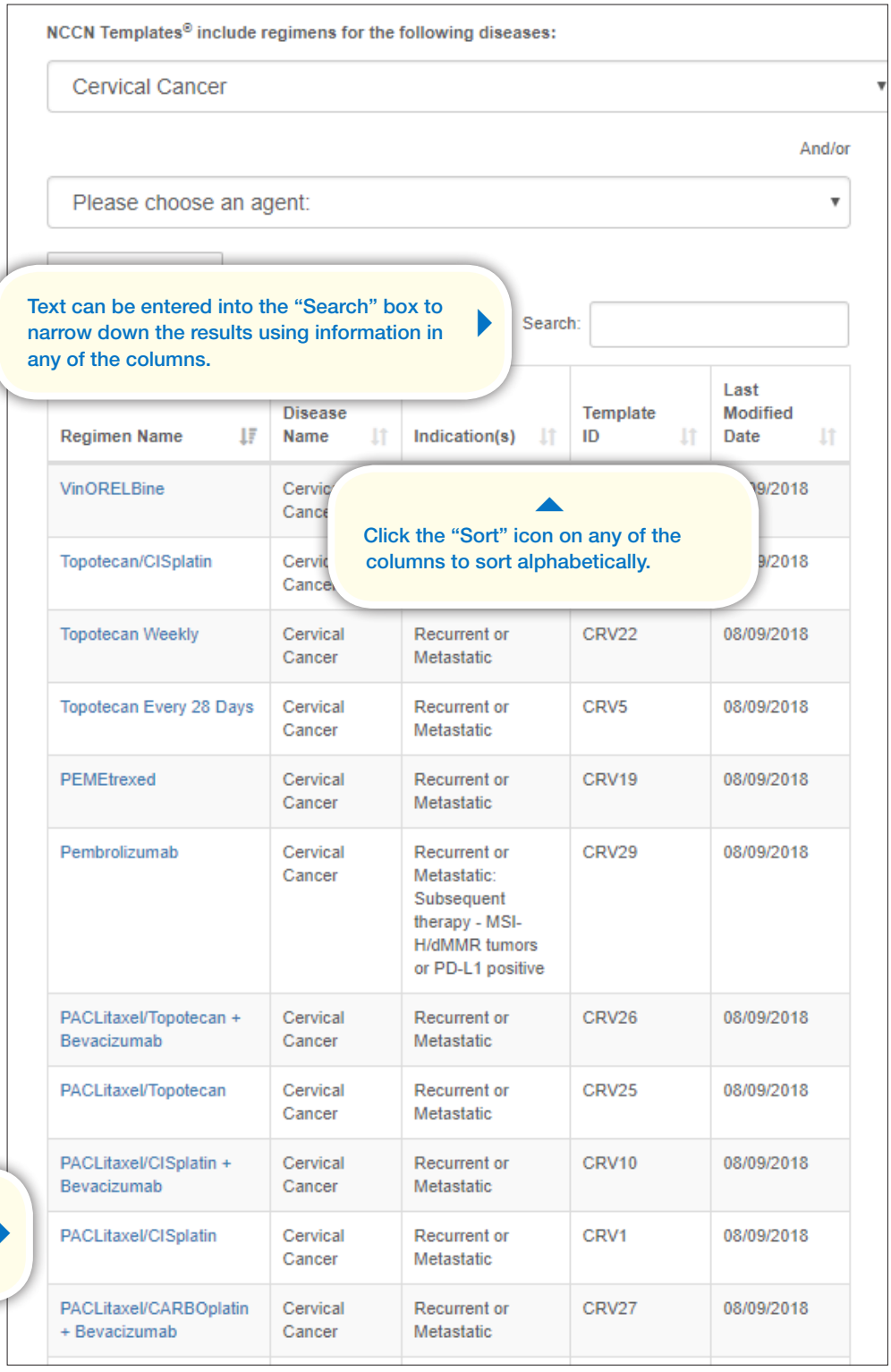
NCCN Endorsed Resource: HOPA Position Statement on Dose Rounding of Biologic and Cytotoxic Anticancer Agents

The NCCN Guidelines are a statement of consensus of the authors regarding their views of currently accepted approaches to cancer treatment. The recommendations regarding the uses and indications in the NCCN Compendium have been derived directly from the NCCN Guidelines. The NCCN Compendium represents neither an all-inclusive listing of every drug and biologic nor every appropriate use and indication for drugs and biologics. The NCCN Templates are peer reviewed statements of consensus of their authors derived from the NCCN Guidelines for the conditions the NCCN Templates address. The NCCN Templates are not exhaustive and do not represent the full spectrum of care or treatment options

Appendices A through G provide supplementary information about common topics across the library of chemotherapy order templates.

Endorsed resources are listed that may be helpful in applying the information contained in the chemotherapy order templates.

2 To display the template library for the cancer type or agent of your choice, select any item from the drop-down menus.



Regimen Name	Disease Name	Indication(s)	Template ID	Last Modified Date
VinORELBine	Cervic Cance			9/2018
Topotecan/CISplatin	Cervic Cance			9/2018
Topotecan Weekly	Cervical Cancer	Recurrent or Metastatic	CRV22	08/09/2018
Topotecan Every 28 Days	Cervical Cancer	Recurrent or Metastatic	CRV5	08/09/2018
PEMEtrexed	Cervical Cancer	Recurrent or Metastatic	CRV19	08/09/2018
Pembrolizumab	Cervical Cancer	Recurrent or Metastatic: Subsequent therapy - MSI-H/dMMR tumors or PD-L1 positive	CRV29	08/09/2018
PACLitaxel/Topotecan + Bevacizumab	Cervical Cancer	Recurrent or Metastatic	CRV26	08/09/2018
PACLitaxel/Topotecan	Cervical Cancer	Recurrent or Metastatic	CRV25	08/09/2018
PACLitaxel/CISplatin + Bevacizumab	Cervical Cancer	Recurrent or Metastatic	CRV10	08/09/2018
PACLitaxel/CISplatin	Cervical Cancer	Recurrent or Metastatic	CRV1	08/09/2018
PACLitaxel/CARBOplatin + Bevacizumab	Cervical Cancer	Recurrent or Metastatic	CRV27	08/09/2018

3 Below is an example of an NCCN Chemotherapy Order Template, CRV1: PACLitaxel/CISplatin for Cervical Cancer. Each section is described in more detail using the associated letters.

A. Template Header/ Regimen Name

The template header lists the cancer type for which the regimen is recommended, and is associated with a specific NCCN Guideline. The regimen name is listed below the cancer type and includes the regimen acronym (if applicable), the agents included in the regimen, and may also include the length of the regimen if the same regimen has more than one option for cycle length.

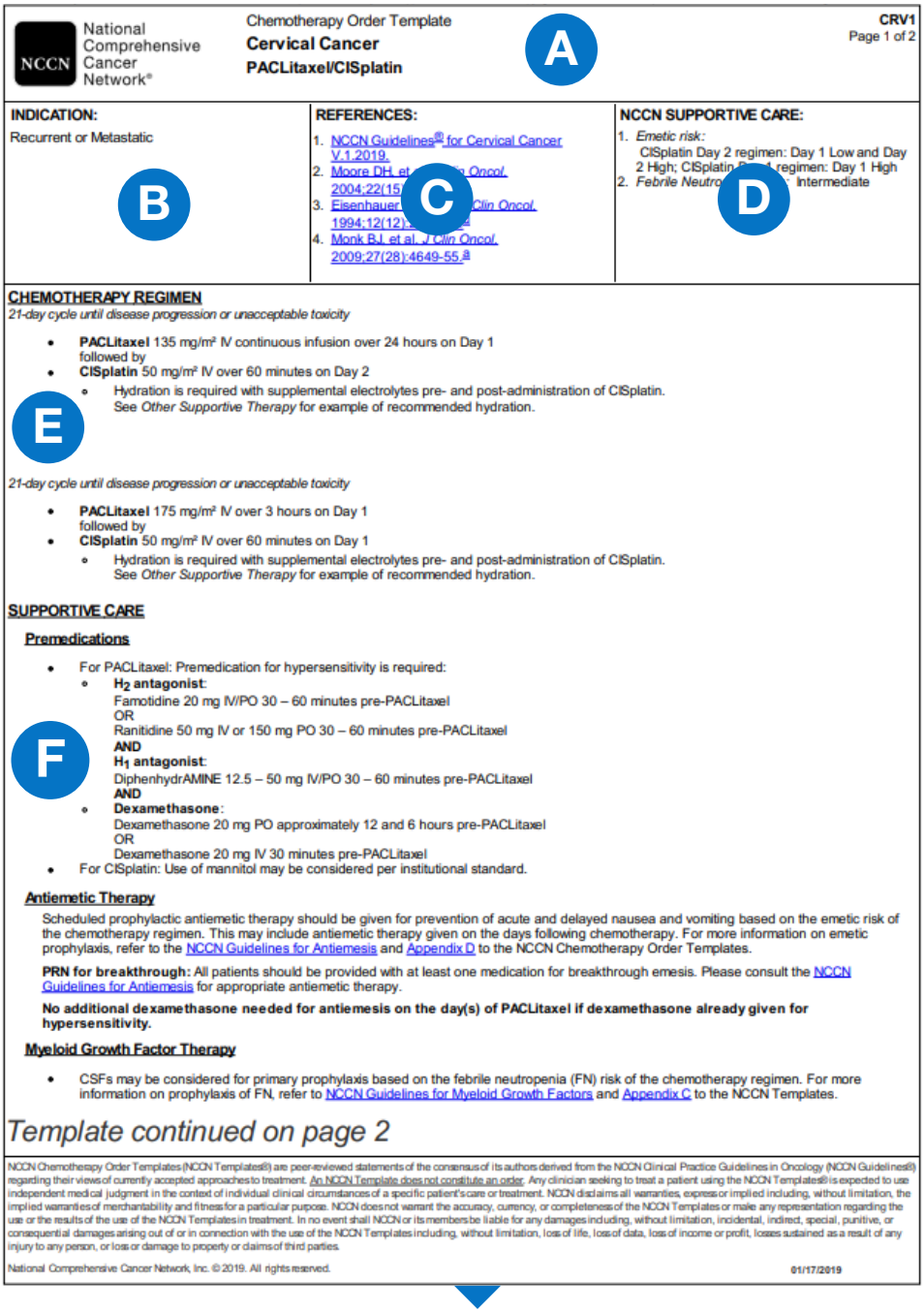
Tall Man lettering is included where applicable, as described in more detail in Appendix G: Tall Man Lettering.

B. Indication

The indication(s) is/are derived directly from the associated NCCN Guidelines. These are usually summarized, thus it is recommended to refer to the associated NCCN Guidelines for more detailed information. NCCN Templates are also linked to the corresponding entry (or entries) in the NCCN Compendium.

C. References

The active links in this section include the associated NCCN Guidelines as well as published literature that supports the listed regimen. Each reference is assigned a superscript according to the classification outlined in Appendix E: Regimen References.



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Chemotherapy Order Template
Cervical Cancer
PACLitaxel/CISplatin

A

CRV1
Page 1 of 2

INDICATION:
Recurrent or Metastatic

B

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.1.2019.
2. Moore DH, et al. Gynecol Oncol. 2004;22(15):[illegible]
3. Eisenhauer EA, et al. J Clin Oncol. 1994;12(12):[illegible]
4. Monk BJ, et al. J Clin Oncol. 2009;27(28):4649-55.[a]

C

NCCN SUPPORTIVE CARE:
1. *Emetic risk:* CISplatin Day 2 regimen: Day 1 Low and Day 2 High; CISplatin [illegible] regimen: Day 1 High
2. *Febrile Neutro[illegible]* Intermediate

D

CHEMOTHERAPY REGIMEN
21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 135 mg/m² IV continuous infusion over 24 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 2
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

E

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 175 mg/m² IV over 3 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 1
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

SUPPORTIVE CARE

Premedications

- For PACLitaxel: Premedication for hypersensitivity is required:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    OR
    Ranitidine 50 mg IV or 150 mg PO 30 – 60 minutes pre-PACLitaxel
    AND
    H_1 antagonist:
    DiphenhydrAMINE 12.5 – 50 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **Dexamethasone**:
    Dexamethasone 20 mg PO approximately 12 and 6 hours pre-PACLitaxel
    OR
    Dexamethasone 20 mg IV 30 minutes pre-PACLitaxel
- For CISplatin: Use of mannitol may be considered per institutional standard.

F

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the NCCN Guidelines for Antiemesis and Appendix D to the NCCN Chemotherapy Order Templates.

PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Please consult the NCCN Guidelines for Antiemesis for appropriate antiemetic therapy.

No additional dexamethasone needed for antiemesis on the day(s) of PACLitaxel if dexamethasone already given for hypersensitivity.

Myeloid Growth Factor Therapy

- CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Guidelines for Myeloid Growth Factors and Appendix C to the NCCN Templates.

Template continued on page 2

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01/17/2019

Continued on next page.

3 Below is an example of an NCCN Chemotherapy Order Template, CRV1: PACLitaxel/CISplatin for Cervical Cancer. Each section is described in more detail using the associated letters (continued).

Continued from previous page.

D. NCCN Supportive Care

This section addresses emetic risk and febrile neutropenia risk levels.

Emetic Risk

The emetic risk level listed on the NCCN Templates is based on recommendations in the NCCN Guidelines for Antiemesis. The highest emetic risk level for each day of therapy is listed in this section and includes all days of treatment.

For more information on emetic risk levels, please refer to Appendix D: Nausea/ Vomiting.

Febrile Neutropenia Risk

The febrile neutropenia risk level listed on the NCCN Templates is based on recommendations in the NCCN Guidelines for Myeloid Growth Factors. If the specific regimen is not included in the NCCN Guidelines for Myeloid Growth Factors, NCCN may add a febrile neutropenia risk level to the template if appropriate based on a review of the literature.

Risk levels of either "High Risk" or "Intermediate Risk" are called out specifically in this section of the templates. Regimens with unique considerations, unknown risk, or low risk based on the available literature refer back to the NCCN Guidelines for consideration of additional variables including patient- and disease-specific factors.

For more information on febrile neutropenia risk, please refer to Appendix C: Growth Factors.

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Chemotherapy Order Template
Cervical Cancer
PACLitaxel/CISplatin

CRV1
Page 1 of 2

INDICATION:
Recurrent or Metastatic

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.1.2019.
2. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c]
3. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]
4. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[a]

NCCN SUPPORTIVE CARE:
1. *Emetic risk:* CISplatin Day 2 regimen: Day 1 Low and Day 2 High; CISplatin [illegible] regimen: Day 1 High
2. *Febrile Neutro[illegible]* Intermediate

D

CHEMOTHERAPY REGIMEN

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 135 mg/m² IV continuous infusion over 24 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 2
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin.
    See *Other Supportive Therapy* for example of recommended hydration.

OR

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 175 mg/m² IV over 3 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 1
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin.
    See *Other Supportive Therapy* for example of recommended hydration.

SUPPORTIVE CARE

Premedications

- For PACLitaxel: Premedication for hypersensitivity is required:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    OR
    Ranitidine 50 mg IV or 150 mg PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **H_1 antagonist**:
    DiphenhydrAMINE 12.5 – 50 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **Dexamethasone**:
    Dexamethasone 20 mg PO approximately 12 and 6 hours pre-PACLitaxel
    OR
    Dexamethasone 20 mg IV 30 minutes pre-PACLitaxel
- For CISplatin: Use of mannitol may be considered per institutional standard.

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the NCCN Guidelines for Antiemesis and Appendix D to the NCCN Chemotherapy Order Templates.

PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Please consult the NCCN Guidelines for Antiemesis for appropriate antiemetic therapy.

No additional dexamethasone needed for antiemesis on the day(s) of PACLitaxel if dexamethasone already given for hypersensitivity.

Myeloid Growth Factor Therapy

- CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Guidelines for Myeloid Growth Factors and Appendix C to the NCCN Templates.

Template continued on page 2

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01/17/2019

Continued next page.

3 Below is an example of an NCCN Chemotherapy Order Template, CRV1: PACLitaxel/CISplatin for Cervical Cancer. Each section is described in more detail using the associated letters (continued).

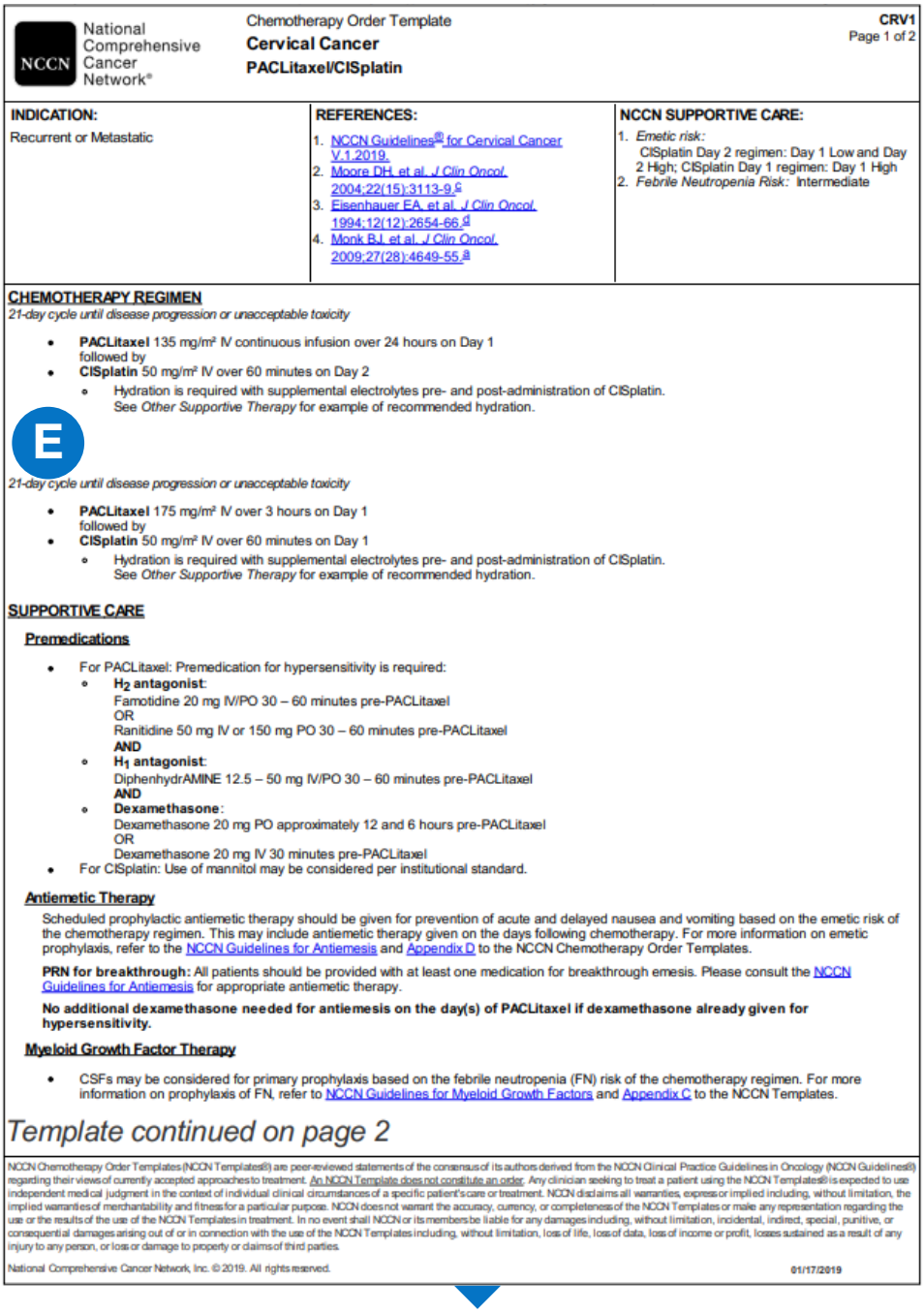
E. Chemotherapy Regimen

This section focuses on drug administration, including cycle definition (which contains the cycle length, number of cycles, and other schedule-related information), dosing, frequency, and routes of administration. For standardization, regimens with continuous daily dosing are represented using a 28-day cycle length.

The NCCN Templates designate a specific order of administration if conclusive evidence is available to support a suggested chemotherapy sequence based on improved efficacy, decreased toxicity, or established clinical practice. Regimens with a recommended order of administration are designated with connecting phrases such as "concurrent with" or "followed by" as listed in CRV1 above. For more information, please refer to Appendix F: Chemotherapy Administration Sequence.

For more information regarding chemotherapy calculations, please refer to Appendix A: Chemotherapy Calculations.

For more information regarding carboplatin dosing, please refer to Appendix B: Carboplatin Dosing.



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Chemotherapy Order Template
Cervical Cancer
PACLitaxel/CISplatin

CRV1
Page 1 of 2

INDICATION:
Recurrent or Metastatic

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.1.2019.
2. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c]
3. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]
4. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[a]

NCCN SUPPORTIVE CARE:
1. *Emetic risk:* CISplatin Day 2 regimen: Day 1 Low and Day 2 High; CISplatin Day 1 regimen: Day 1 High
2. *Febrile Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN
21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 135 mg/m² IV continuous infusion over 24 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 2
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

E

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 175 mg/m² IV over 3 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 1
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

SUPPORTIVE CARE

Premedications

- For PACLitaxel: Premedication for hypersensitivity is required:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    OR
    Ranitidine 50 mg IV or 150 mg PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **H_1 antagonist**:
    DiphenhydrAMINE 12.5 – 50 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **Dexamethasone**:
    Dexamethasone 20 mg PO approximately 12 and 6 hours pre-PACLitaxel
    OR
    Dexamethasone 20 mg IV 30 minutes pre-PACLitaxel
- For CISplatin: Use of mannitol may be considered per institutional standard.

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the NCCN Guidelines for Antiemesis and Appendix D to the NCCN Chemotherapy Order Templates.

PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Please consult the NCCN Guidelines for Antiemesis for appropriate antiemetic therapy.

No additional dexamethasone needed for antiemesis on the day(s) of PACLitaxel if dexamethasone already given for hypersensitivity.

Myeloid Growth Factor Therapy

- CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Guidelines for Myeloid Growth Factors and Appendix C to the NCCN Templates.

Template continued on page 2

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01/17/2019

Continued on next page.

3 Below is an example of an NCCN Chemotherapy Order Template, CRV1: PACLitaxel/CISplatin for Cervical Cancer. Each section is described in more detail using the associated letters (continued).

Continued from previous page.

F. Supportive Care

This section addresses specific recommendations for Premedications, Antiemetic Therapy, Myeloid Growth Factor Therapy, and Other Supportive Therapy. Only the sections that are relevant to a particular regimen will display on the template.

Premedications

This section includes specific recommendations for premedication(s) for reasons including, but not limited to, infusion reactions/hypersensitivity, fluid retention, and arachnoiditis. Doses may appear as ranges if clinically appropriate, to allow for provider or institutional customization based on product availability and other considerations.

Antiemetic Therapy

This section includes general guidance for selection of antiemetic therapy based on the emetic risk designated for the regimen. Links to the NCCN Guidelines and Appendix D: Nausea/Vomiting are included for more information.

Myeloid Growth Factor Therapy

This section includes general guidance for selection of prophylactic colony stimulating factor (CSF) support based on the febrile neutropenia risk level. Links to the NCCN Guidelines and Appendix C: Growth Factors are included for more information.

Continued on next page.

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Chemotherapy Order Template
Cervical Cancer
PACLitaxel/CISplatin

CRV1
Page 1 of 2

INDICATION:
Recurrent or Metastatic

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.1.2019.
2. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c]
3. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]
4. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[a]

NCCN SUPPORTIVE CARE:
1. *Emetic risk:* CISplatin Day 2 regimen: Day 1 Low and Day 2 High; CISplatin Day 1 regimen: Day 1 High
2. *Febrile Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 135 mg/m² IV continuous infusion over 24 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 2
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

OR

21-day cycle until disease progression or unacceptable toxicity

- **PACLitaxel** 175 mg/m² IV over 3 hours on Day 1
  followed by
- **CISplatin** 50 mg/m² IV over 60 minutes on Day 1
  - Hydration is required with supplemental electrolytes pre- and post-administration of CISplatin. See *Other Supportive Therapy* for example of recommended hydration.

SUPPORTIVE CARE

Premedications

- For PACLitaxel: Premedication for hypersensitivity is required:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    OR
    Ranitidine 50 mg IV or 150 mg PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **H_1 antagonist**:
    DiphenhydrAMINE 12.5 – 50 mg IV/PO 30 – 60 minutes pre-PACLitaxel
    AND
  - **Dexamethasone**:
    Dexamethasone 20 mg PO approximately 12 and 6 hours pre-PACLitaxel
    OR
    Dexamethasone 20 mg IV 30 minutes pre-PACLitaxel
- For CISplatin: Use of mannitol may be considered per institutional standard.

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the NCCN Guidelines for Antiemesis and Appendix D to the NCCN Chemotherapy Order Templates.

PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Please consult the NCCN Guidelines for Antiemesis for appropriate antiemetic therapy.

No additional dexamethasone needed for antiemesis on the day(s) of PACLitaxel if dexamethasone already given for hypersensitivity.

Myeloid Growth Factor Therapy

- CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Guidelines for Myeloid Growth Factors and Appendix C to the NCCN Templates.

Template continued on page 2

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Continued on next page.

3 Below is an example of an NCCN Chemotherapy Order Template, CRV1: PACLitaxel/CISplatin for Cervical Cancer. Each section is described in more detail using the associated letters (continued).

Continued from previous page.

F. Supportive Care (continued)

Other Supportive Therapy

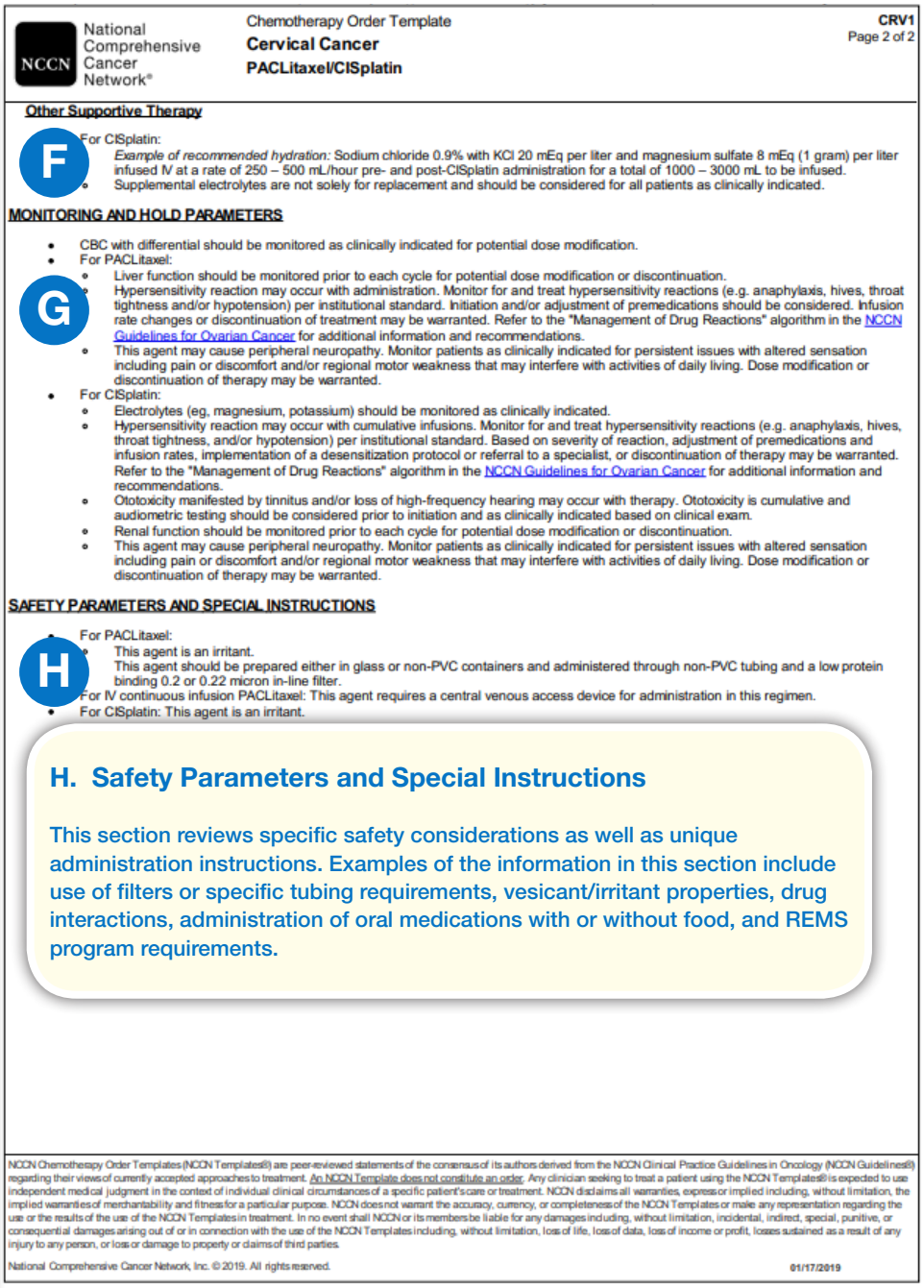
This section includes general recommendations with examples for supportive care medications, such as hydration, anti-infectives, or anti-diarrheals. These notes are not meant to be prescriptive, but rather to alert clinicians that patients may require additional treatment support.

G. Monitoring and Hold Parameters

The information in this section includes recommendations for monitoring found in the NCCN Guidelines, drug package insert, other drug information resources, and clinical experience. Adverse effects, including those listed as warnings and precautions are assessed for frequency of occurrence, as well as for actionable measures that could be taken either via routine monitoring or via treatment once the adverse event has occurred.

When appropriate, recommendations for laboratory tests or other assessments to monitor for toxicities and adverse reactions are provided in a general format to allow for discretion of the ordering prescriber or institutional preference as clinically appropriate. The level of specificity may vary depending on the available information, and clinicians are encouraged to refer to the package insert for more information. Examples of adverse effects that are generally excluded from the templates include fatigue, weakness, and malaise.

Notes in this section may state that potential dose modification or discontinuation may be required based on toxicity or tolerability. Dose modification refers to actions including, but not limited to, dose reduction, change in frequency, and/or holding the drug for a period of time. Clinicians are encouraged to review the package insert for more detailed information.



National Comprehensive Cancer Network®

Chemotherapy Order Template
Cervical Cancer
PACLitaxel/CISplatin

CRV1
Page 2 of 2

Other Supportive Therapy

F

- For CISplatin:
  - *Example of recommended hydration:* Sodium chloride 0.9% with KCl 20 mEq per liter and magnesium sulfate 8 mEq (1 gram) per liter infused IV at a rate of 250 – 500 mL/hour pre- and post-CISplatin administration for a total of 1000 – 3000 mL to be infused.
  - Supplemental electrolytes are not solely for replacement and should be considered for all patients as clinically indicated.

MONITORING AND HOLD PARAMETERS

- CBC with differential should be monitored as clinically indicated for potential dose modification.
- For PACLitaxel:
  - Liver function should be monitored prior to each cycle for potential dose modification or discontinuation.
  - Hypersensitivity reaction may occur with administration. Monitor for and treat hypersensitivity reactions (e.g. anaphylaxis, hives, throat tightness and/or hypotension) per institutional standard. Initiation and/or adjustment of premedications should be considered. Infusion rate changes or discontinuation of treatment may be warranted. Refer to the "Management of Drug Reactions" algorithm in the NCCN Guidelines for Ovarian Cancer for additional information and recommendations.
  - This agent may cause peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with altered sensation including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. Dose modification or discontinuation of therapy may be warranted.
- For CISplatin:
  - Electrolytes (eg, magnesium, potassium) should be monitored as clinically indicated.
  - Hypersensitivity reaction may occur with cumulative infusions. Monitor for and treat hypersensitivity reactions (e.g. anaphylaxis, hives, throat tightness, and/or hypotension) per institutional standard. Based on severity of reaction, adjustment of premedications and infusion rates, implementation of a desensitization protocol or referral to a specialist, or discontinuation of therapy may be warranted. Refer to the "Management of Drug Reactions" algorithm in the NCCN Guidelines for Ovarian Cancer for additional information and recommendations.
  - Ototoxicity manifested by tinnitus and/or loss of high-frequency hearing may occur with therapy. Ototoxicity is cumulative and audiometric testing should be considered prior to initiation and as clinically indicated based on clinical exam.
  - Renal function should be monitored prior to each cycle for potential dose modification or discontinuation.
  - This agent may cause peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with altered sensation including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. Dose modification or discontinuation of therapy may be warranted.

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For PACLitaxel:
  - This agent is an irritant.
  - This agent should be prepared either in glass or non-PVC containers and administered through non-PVC tubing and a low protein binding 0.2 or 0.22 micron in-line filter.
- For IV continuous infusion PACLitaxel: This agent requires a central venous access device for administration in this regimen.
- For CISplatin: This agent is an irritant.

H

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01/17/2019

H. Safety Parameters and Special Instructions

This section reviews specific safety considerations as well as unique administration instructions. Examples of the information in this section include use of filters or specific tubing requirements, vesicant/irritant properties, drug interactions, administration of oral medications with or without food, and REMS program requirements.