

USER GUIDE

NCCN Chemotherapy Order Templates (NCCN Templates[®])

Access to the NCCN Chemotherapy Order Templates (NCCN Templates[®]) for non-commercial users is available to access via an Enterprise License for NCCN Templates[®].

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

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. 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 recommendations, 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

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

This page appears after the "Search the Templates" button is selected.	NCCN Chemotherapy Order Templates (NCCN Templates) NCCN continues to add to the library of chemotherapy order templa use of drugs and biologics in cancer care. The information contained is based on the NCCN Clinical Practice Guidelines in Oncology (N NCCN Drugs & Biologics Compendium (NCCN compendium [®]).	ites to improve the safe J in the NCCN Templates®
Home * Compared & Templates * Chemotherapy Order Templates * Search Chemotherapy Search Chemotherapy Order Templates include regimens for function Browse by Cancer Type View Chemotherapy Order Templates User Guide Ethemotherapy Order Subscribe to NCCN Templates Reviewer Acknowledgement Best Chamotherapy Order Templates Reviewer Acknowledgement	S Chemotherapy Immunotherapy	ng to treat a patient using ment in the context of the Irment.
Endorsed reso that may be he the information	NCCN Templates Appendix A: Chemotherapy Calculations	quence

To display the content of your choice, select any item from the drop-down menus. You can also start typing into the free-text field of each drop-down menu to narrow down your search results. You can start with any of the menus and choose from the available options in one or multiple lists, which will narrow down as you search.

	NCCN Template agents:	es include regim	nens for the follow	wing cancer ty	pes and
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	Cervical Cancer				*
	and/or				
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Text can be entered into the "Search" box to narrow down the results using information in any of the columns.	Results Search		ck the "Sort" icon olumns to sort alp		
	Regimen Name †	Disease Name †	Indication(s) 💱 🕇	Template ID 💱	Last Modified Date 🗘
	PACLitaxel/CISplatin	Cervical Cancer	Recurrent or Metastatic	CRV1	11/01/2023
	PACLitaxel/Topotecan + Bevacizumab	Cervical Cancer	Recurrent or Metastatic	CRV26	11/01/2023
	<u>Topotecan Every 28</u> Days	Cervical Cancer	Recurrent or Metastatic: Second- line or Subsequent therapy	CRV5	11/01/2023
Click on the Regimen Name hyperlink to open a template.	DOCEtaxel	Cervical Cancer	Recurrent or Metastatic: Second- line or Subsequent therapy	CRV6	11/01/2023
	Irinotecan	Cervical Cancer	Recurrent or Metastatic: Second- line or Subsequent therapy	CRV9	11/01/2023

Below is an example of an NCCN Chemotherapy Order Template, CRV1: **3** 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.

NCCN Cancer PACLitaxel/CISplatin Network[®] INDICATION: REFERENCES: NCCN SUPPORTIVE CARE: Recurrent or Metastatic Emetic risk 1. NCCN Guide s[®] for Cervical Ca CISplatin Day 1 regimen); Day 1 Day 2 regimen); Day 2 High Day 1 V.1.20 2. Monk Low Clin Oncol. (CIS 2 regimen) 2009: -55 9 nia Risk: Intermediate 3. J Clin Oncol. Moore L 2004;22(15):3113-9.9 Eisenhauer EA, et al. J Clin Oncol 1994:12(12):2654-66.d CHEMOTHERAPY REGIMEN 21-day cycle until disease progression or unacceptable toxicity

Chemotherapy Order Template

Cervical Cancer

- PACLitaxel 175 mg/m² IV over 3 hours on Day 1
- followed by

National

Comprehensive

- CISplatin 50 mg/m2 IV over 60 minutes on Day 1 or on Day 2
 - 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:
 - H₂ antagonist: Famotidine 20 mg IV/PO (or equivalent H2 blocker) 30 - 60 minutes pre-PACLitaxel AND H₁ 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

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 <u>NCCN Guidelines for Antiemesis</u> and <u>Appendix D</u> 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

G-CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen and patient risk factors. For more information on prophylaxis of FN and a list of appropriate agents, refer to the NCCN Guidelines for Hematopoie tic Growth Factors and/or Appendix C to the NCCN Templates.

Other Supportive Therapy

- For CISplatin: Example of recommended hydration: Sodium chloride 0.9% with KCI 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.

Template continued on page 2

NCON Ohemotherapy Order Templates(NCON Templates(8) are peer reviewed statements of the consensus of its authors derived from the NCON Clinical Practice Guidelinestin Oncology (NCON Guidelinesti regarding their views of currently accepted approaches to treatment. <u>An NCON Template design of constitute an order</u>. Any clinician meeting to treat a patient using the NCON Templates(9) is expected to use independent medical judgment in the context of individual clinical incruisationes of a specific patients care or treatment. NCON disclaims all waranties, express or implied inducting, without limitation, the implied waranties of mechanizability and filmes for a particular pupper. NCON decondument the accuracy, currency, or completeness of the NCON Templates mise any representation regarding the use of the results of the use of the NCON Templates in treatment. In no event shall NCON or its members be liable for any damages including, without limitation, incidental, indired, special, punitive, or consequential damages and ingo ut of or in connection with the use of the NCON Templates meshes the liable for any damages including, without limitation, incidental, indired, special, punitive, or consequential damages and ingo ut of or in connection with the use of the NCON Templates including, without limitation, no condental, loss of line, loss of data, loss of income or profit, losses subtained as a result of any injury to any person, or loss or damage to property or claims of third parties.

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11/01/2023

CRV1

Page 1 of 2

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

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 Hematopoietic Growth Factors. If the specific regimen is not included in the NCCN Guidelines for Hematopoietic 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 diseasespecific factors.

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

Continued from previous page.



Myeloid Growth Factor Therapy

G-CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen and p factors. For more information on prophylaxis of R1 and a list of appropriate agents, refer to the <u>NCCN Guidelines for Hematopoletic</u> Factors and/or <u>Appendix</u> C to the NCCN templates.

Other Supportive Therapy

- For CISplatin:
 Example of recommendation infused IV at a rate of the second secon Usplatm: Farmple of recommended hydration: Socium chloride 0.9% with KCI 20 mFq per liter and magnesium sulfate 8 mFq (1 gram) 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.

Template continued on page 2

NDON Chemotherapy Order Templates(NDON Templatestit) are peer versioned statements of the consensus of its authors derived from the NDON Clinical Plactice Guidelines in Oncology (NDO regarding their views of currently accepted approaches to heatment. <u>An NDON Template does not constitute an order</u>. Any dimit an aeding to treat a patient using the NDON Templatestities independent metrical judgment in the nontext of information approx. The NDON Templatestities are accepted and the social patient using the NDON Templatestities are approxed. The social patient water the social patient using the NDON Templatestities are approxed and the social patient of the social patient using the NDON Templatestities are approxed. The social patient using the NDON Templatestities are approxed and the social patient of the NDON Templates in treatment. An no event and NDON for its members be liable for any damagestricing und for in connection with the use of the NDON Templatestities in treatment. No event and NDON to its members be liable for any damagestricing und for in connection with the use of the NDON Templatestitic the true of the NDON Templatestitic the true of the NDON Templatestitic the true of the NDON Templatestin treatment. No event and NDON to its members be liable for any damagestricing und for in connection with the use of the NDON Templatestinic during, without limitation, loss of finceme or profit, losses subtained as a injury to any person, or road or amage to property or claims of third paties. 11/01/2023

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Below is an example of an NCCN Chemotherapy Order Template, CRV1: **3** 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.

For more information regarding biosimilars, please refer to Appendix H: Biosimilars

NCCN National Comprehensive Cancer Network*	Chemotherapy Order Template Cervical Cancer PACLitaxel/CISplatin	CRV1 Page 1 of 2
INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Recurrent or Metastatic	 NCCN Guidelines[®] for Cervical Cancer V.1.2024, Monk BJ. et al. J Clin Oncol, 2009-27(28):4649-55.⁹ Moure DH. et al. J Clin Oncol, 2004-22(15):3113-9.⁹ Eisenhauer EA. et al. J Clin Oncol, 1994:12(12):2654-66.⁴ 	 Ernstic risk: Day 1 Hoh (CiSplatin Day 1 regimen): Day 1 Low (CiSplatin Day 2 regimen); Day 2 Hgh (CiSplatin Day 2 regimen) Febrile Neutropenia Risk: Intermediate
CHEMOTHERAPY REGIMEN		
 Hydration is require 		Con of Cisplatin.
SUPPORTIVE CARE Premedications		

- H₂ antagonist
 - Famotidine 20 mg IV/PO (or equivalent H2 blocker) 30 60 minutes pre-PACLitaxel AND
 - H1 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

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 <u>NCCN Guidelines for Antiemesis</u> and <u>Appendix D</u> 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

Mycloid Growth Factor Therapy

G-CSFs may be considered for primary prophylaxis based on the febrile neutropenia (FN) risk of the chemotherapy regimen and patient risk factore. For more information on prophylaxie of FN and a list of appropriate agente, refer to the <u>NCCN Guidelines for Hematopoletic Growth</u> factors. For more information on prophylaxis of FN a Factors and/or Appendix C to the NCCN Templates.

Other Supportive Therapy

For ClSplatin:

- uspitation: Fample of recommended hydration: Sodium chloride 0.9% with KCI 20 mFq per liter and magnesium sulfate 8 mFq (1 gram) inflused V at a rate of 250 500 mL/hour pre- and post-ClSpitatin administration for a total of 1000 3000 mL to be inflused. Supplemental electrolytes are not solely for replacement and should be considered for all patients as clinically indicated. fate 8 mFq (1 gram) per liter

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NDN Chemothempy Order Templates(NDN Templates(II) are peer-reviewed statements of the consensus of its authors derived from the NDN Dirrical Practice Guidelines in Oncology (NDN Gui regarding their views of carently accepted approaches to treatment. An NDN Template dates not constitute an order. Any Clinical ensembles to pate independent mechanism in the constant of the NDN Templates and the independent mechanism. The NDN Templates in the NDN Templates in the NDN Templates in the NDN Templates in the NDN Templates and templates and the NDN templates and templa entation regarding the tional Comprehensive Cancer Network, Inc. @2023. All rights reserved 11/01/2023



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).

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 <u>Appendix D: Nausea/Vomiting</u> 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 <u>Appendix C: Growth</u> Factors are included for more information.

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National Comprehensive NCCN Cancer	Chemotherapy Order Template Cervical Cancer PACLitaxel/CISplatin	P
Network*		
INDICATION: Recurrent or Metastatic	REFERENCES: 1. NCCN Guidelines [®] for Cervical Cancer V.1.2024. 2. Monk BJ, et al. J Clin Oncol. 2009:27(28):4649-55. ⁶ 3. Moute DH, et al. J Clin Oncol. 2004:22(15):3113-9. ⁶ 4. Eisenhauer EA. et al. J Clin Oncol. 1994:12(12):2654-66. ^g	NCCN SUPPORTIVE CARE: 1. Erretic risk: Day 1 Hoh (CSplatin Day 1 regimen) Low (CSplatin Day 2 regimen); Day 2 (CSplatin Day 2 regimen) 2. Febrile Neutropenia Risk: Intermedia
CHEMOTHERAPY REGIMEN	1	~
 Hydration is require 		tion of CISplatin.
SUPPORTIVE CARE		
Premedications		
• H2 antagonist: Famotidine 20 mg Antanta antagonist: DichenhydrAMINE AND DexAMETHasone: OR	cation for hypersensitivity is required: N/PO (or equivalent H2 blocker) 30 – 60 minutes pre-PAC 12.5 – 50 mg N/PO 30 – 60 minutes pre-PACLitaxel 20 mg PO approximately 12 and 6 hours pre-PACLitaxel 20 mg N 30 minutes pre-PACLitaxel	1. Ravel
the chemotherapy regimen. The prophylaxis, refer to the NCCN	etic therapy should be given for prevention of acute and d is may include antianwhit: therapy given on the days follow Guidelines for Antiemesis and <u>Appendix D</u> to the NCCN C tilents should be provided with at least one medication for ppropriate anteemetic therapy.	ing chemotherapy For more information on emet hemotherapy Order Templates.
No additional dexAMETHase hypersensitivity.	ne needed for antiemesis on the day(s) of PACLitax	el if dexAMETHasone already given for
Mycloid Growth Factor Therap G-CSFs may be conside factore. For more inform Factors and/or Appendix	24 red for primary prophylaxis based on the febrile neutroper ation on prophylaxic of FN and a list of appropriate agente C to the NCCN Templates.	hia (FN) risk of the chemotherapy regimen and pa , rofer to the <u>NCCN Guidelines for Hemotopoletic</u>
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regarding their views of currently accepted appro independent medical judgment in the context of implied warranties of merchantability and fitness	mplates®) are peer-reviewed statements of the consensus of its authors derive sches to treatment. <u>An NOON Template does not constitute an order</u> . Any clini individual clinical clinications of a specific patient's care or treatment NOO for a acticular pource. NOON desend warant the accuracy, currency, or con	cian seeking to treat a patient using the NOON Templates® is exp N disclaims all warranties, express or implied including, without lin roleteness of the NOON Templates or make any representation rec
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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).

F. Supportive Care (continued)

Other Supportive Therapy

This section includes general recommendations with examples for supportive care medications, such as hydration, anti-infectives, or antidiarrheals. 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.

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	National	Chomothorapy Ordor Tomplato	Page 2 g
	Comprehensive	Cervical Cancer	Page 2 o
	Cancer Network*	PACLitaxel/CISplatin	
	NG AND HOLD PARA	METERS	
		uld be monitored as clinically indicated for potential dose modification.	
• •	For PACLitaxel:		
F	tightness and/or hy rate changes or dis Guidelines for Ova	action may occur with administration. Monitor for and treat hypersensitivity reactions (e.g. anap potension) per institutional standard. Initiation and/or adjustment of premedications should be scontinuation of treatment may be warranted. Refer to the "Management of Drug Reactions" al rian Cancer for additional information and recommendations.	considered. Infusion Igorithm in the NCCN
	including pain or di discontinuation of t	use peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with all iscomfort and/or regional motor weakness that may interfere with activities of daily living. Dose therapy may be warranted. Id be monitored prior to each cycle for potential dose modification or discontinuation.	
	For CISplatin:	and a second	
G	throat tightness, an infusion rates, impl	action may occur with cumulative infusions. Monitor for and treat hypersensitivity reactions (e.g. nd/or hypotension) per institutional standard. Based on severity of reaction, adjustment of pre iementation of a desensitization protocol or referral to a specialist, or discontinuation of therap gement of Drug Reactions' algorithm in the <u>NCCN Guidelines for Ovarian Cancer</u> for additiona	medications and y may be warranted.
	 Electrolytes (eg, m) 	agnesium, potassium) should be monitored as clinically indicated.	
	 Renal function sho 	uld be monitored prior to each cycle for potential dose modification or discontinuation use peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with all	and concelion
	including pain or di	use peripheral neuropathy. Monitor patients as canically indicated for persistent issues with all iscomfort and/or regional motor weakness that may interfere with activities of daily living. Dose therapy may be warranted.	modification or
1	 Ototoxicity manifes 	ted by tinnitus and/or loss of high-frequency hearing may occur with therapy. Ototoxicity is cur should be considered prior to initiation and as clinically indicated based on clinical exam.	mulative and
SAFETY PA	ARAMETERS AND SPI	ECIALINSTRUCTIONS	
	For PACLitaxel:		
	 This agent is an irr 	itant with vesicant-like properties.	
	 This agent should This agent bac mu 	be administered through non-PVC tubing and a low protein binding 0.2 or 0.22 micron in-line fi ltiple potential drug interactions. Review patient medical profile and drug package insert for sp	ilter. acific dava interactio
	and recommendati		come anag interactio
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