

BEVACIZUMAB maintenance

INDICATION (ICD10) C56, C57

Check the most recent *Blueteq* eligibility criteria before prescribing. *Blueteq* registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (BEV10)

- As MAINTENANCE monotherapy at a dose of 7.5mg/kg for patients after completion of 1st line induction chemotherapy in combination with bevacizumab 7.5mg/Kg for previously untreated advanced stage III or IV ovarian, fallopian tube or primary peritoneal carcinoma.

REGIMEN

Day 1	BEVACIZUMAB	7.5mg/kg	IV infusion	#ml sodium chloride 0.9%
-------	--------------------	----------	-------------	--------------------------

diluent volume for dose prescribed as per national standardised product specification

Bevacizumab - The initial dose should be administered over 90 minutes, if tolerated well the second infusion may be administered over 60 minutes.

If the 60 minute infusion is well tolerated all subsequent infusions may be administered over 30 minutes.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Bevacizumab every 21 days for up to 12 cycles (ie up to maximum 18 cycles including all the induction doses)

ANTI-EMETICS

Minimal risk day 1

CONCURRENT MEDICATION REQUIRED

Bevacizumab	None
-------------	------

EXTRAVASATION AND TYPE OF LINE / FILTERS

Bevacizumab – neutral

Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs Neutrophils x 10 ⁹ /L ≥1.0 Platelets ≥75x10 ⁹ /L	baseline and every 3 rd cycle
GFR assessed using EDTA result (BMI <19 or >30) or calculated creatinine clearance at the Consultant's discretion	baseline and every cycle
Serum creatinine	baseline and every cycle
CA125	baseline and day 1 every 3 rd cycle
Blood pressure	baseline and before every bevacizumab dose
Urinalysis for proteinuria	baseline and before every bevacizumab dose
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Bevacizumab	Arterial thromboembolism Gastrointestinal perforation Haemorrhage Hypertension Wound healing complications
-------------	--

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Bevacizumab	-
-------------	---

DOSE MODIFICATIONS

Non-haematological

Bevacizumab

Hypertension

Baseline blood pressure should be <150/100mmHg.

Diastolic increase >20mmHg above baseline or BP rises to >150/100mmHg	Antihypertensive therapy may be required.
Blood pressure >180/110mmHg	It is advised that bevacizumab therapy is withheld until blood pressure controlled.

Proteinuria

Urine dipstick result. 1+ or 2+ on dipstick (0.3–2.9g/L)	Continue with bevacizumab. No additional evaluation required.
3+ on dipstick (3-19g/L)	May have dose of bevacizumab as scheduled, but 24 hour urine to measure 24 hour protein to be done a few days before next cycle due. If 24hr protein result <2g, continue with bevacizumab, with continued proteinuria monitoring via 24 hour urine before each dose. If the 24 hour protein level falls to <1g/24hr, return to dipstick analysis. If ≥2g, withhold bevacizumab until repeat 24 hour urine collection shows <2g protein. Then re-introduce bevacizumab, with continued proteinuria monitoring via 24 hour urine.
4+ on dipstick (≥20g/L)	Withhold bevacizumab. 24 hour urine required. Follow 24 hour urine monitoring and guidance as for 3+ on dipstick.

Wound healing

Bevacizumab may adversely affect the wound healing process. Therapy should not be initiated for at least 28 days following major surgery or until the surgical wound is fully healed. Therapy should also be withheld for at least 28–60 days before elective surgery.

Hepatic impairment

Bevacizumab

No need for dose adjustment

Renal impairment

Bevacizumab

No need for dose adjustment

REFERENCES

CDF list

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Pre-C2, then every 6 weeks (every 2 cycles), or team discretion
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X			X		Every 3 rd cycle
U&E, calcium, & LFT	X			X		Every 3 rd cycle
CrCl	X	X	X	X	X	Every cycle
Blood pressure	X	X	X	X	X	Every cycle
Urine protein	X	X	X	X	X	Every cycle
CT scan	X					At clinician's discretion, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle