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 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 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. 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.

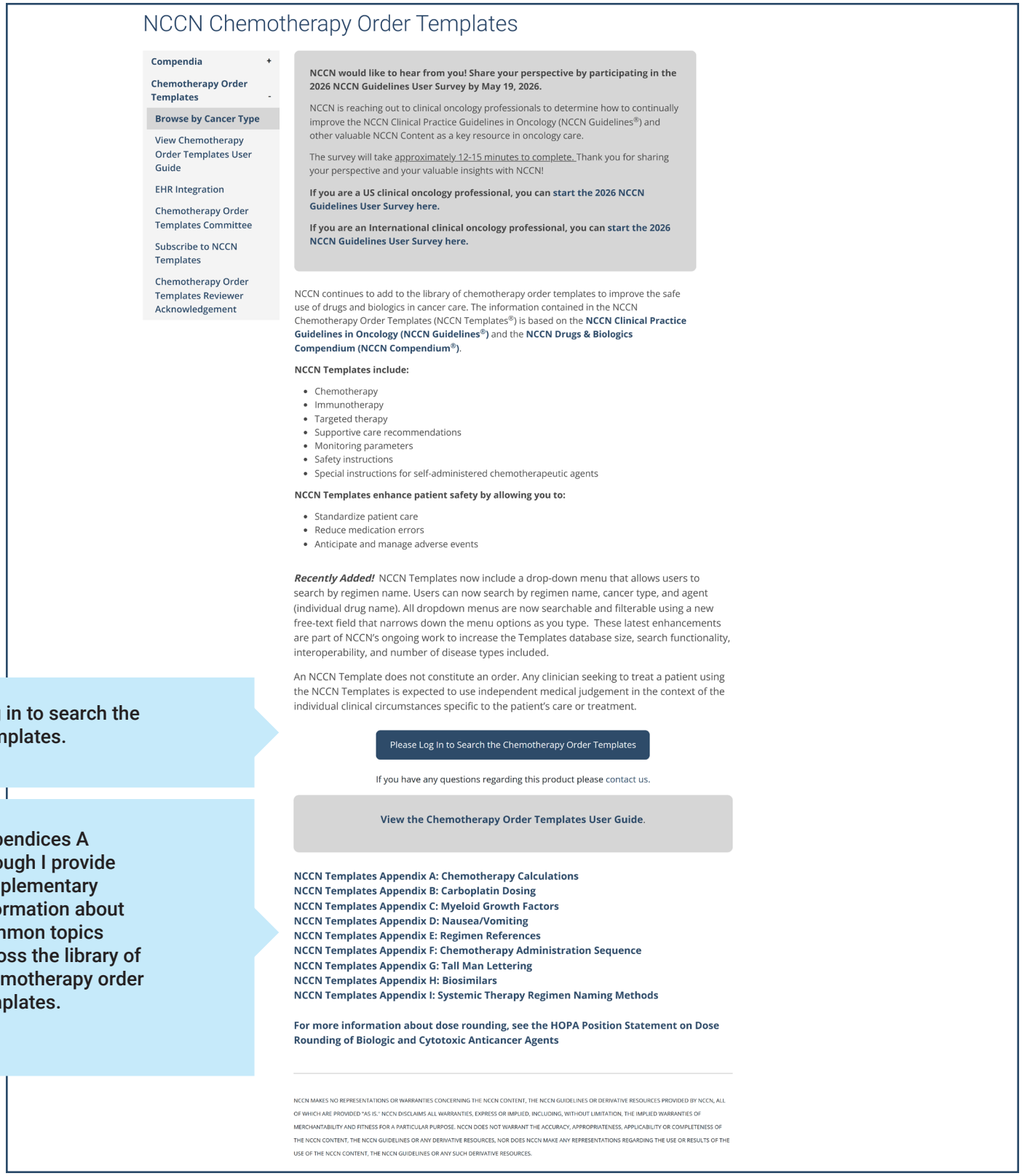
The NCCN Templates Committee and the NCCN Templates reviewers play a critical role in the development and maintenance of the NCCN Templates. The NCCN Templates Committee and NCCN Templates reviewers consist of physicians, pharmacists, advanced practice providers, and nurses from NCCN Member Institutions. 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. Log in

When you navigate to **NCCN Templates on NCCN.org,** you will be asked to log in. You will also see the full list of appendices.

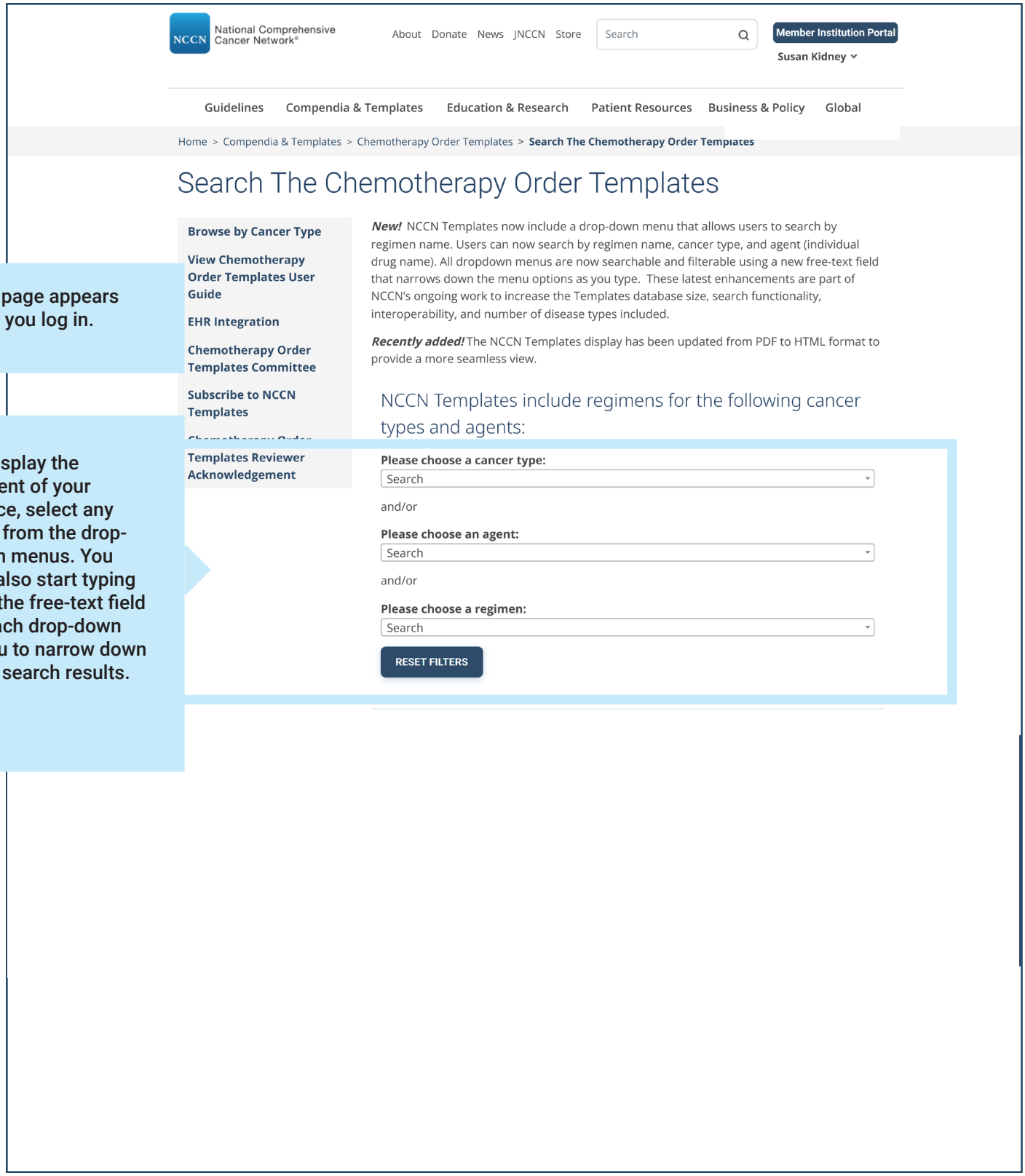


Log in to search the Templates.

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

2. Begin your search

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. Your results will appear below. 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.

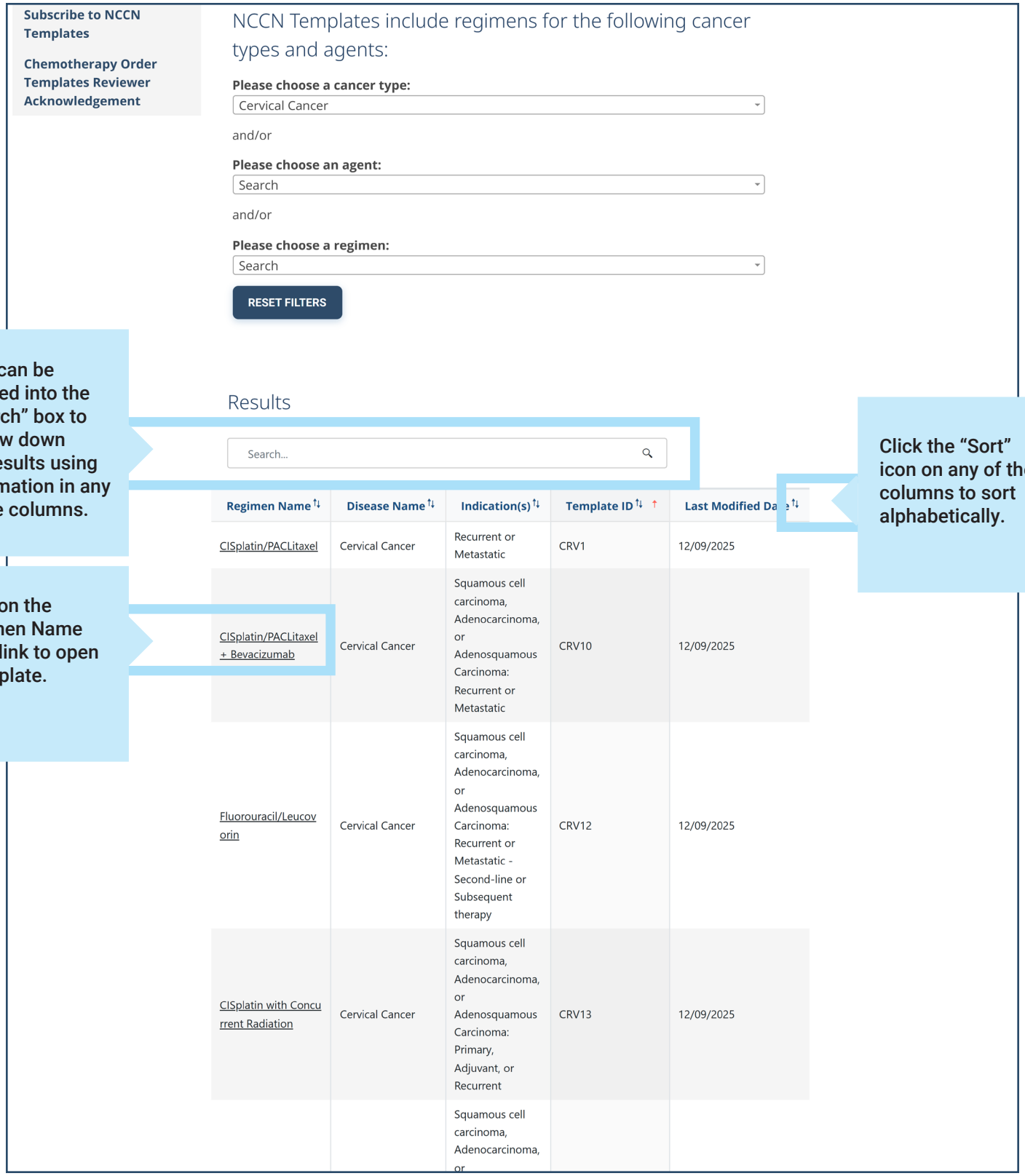


This page appears after you log in.

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.

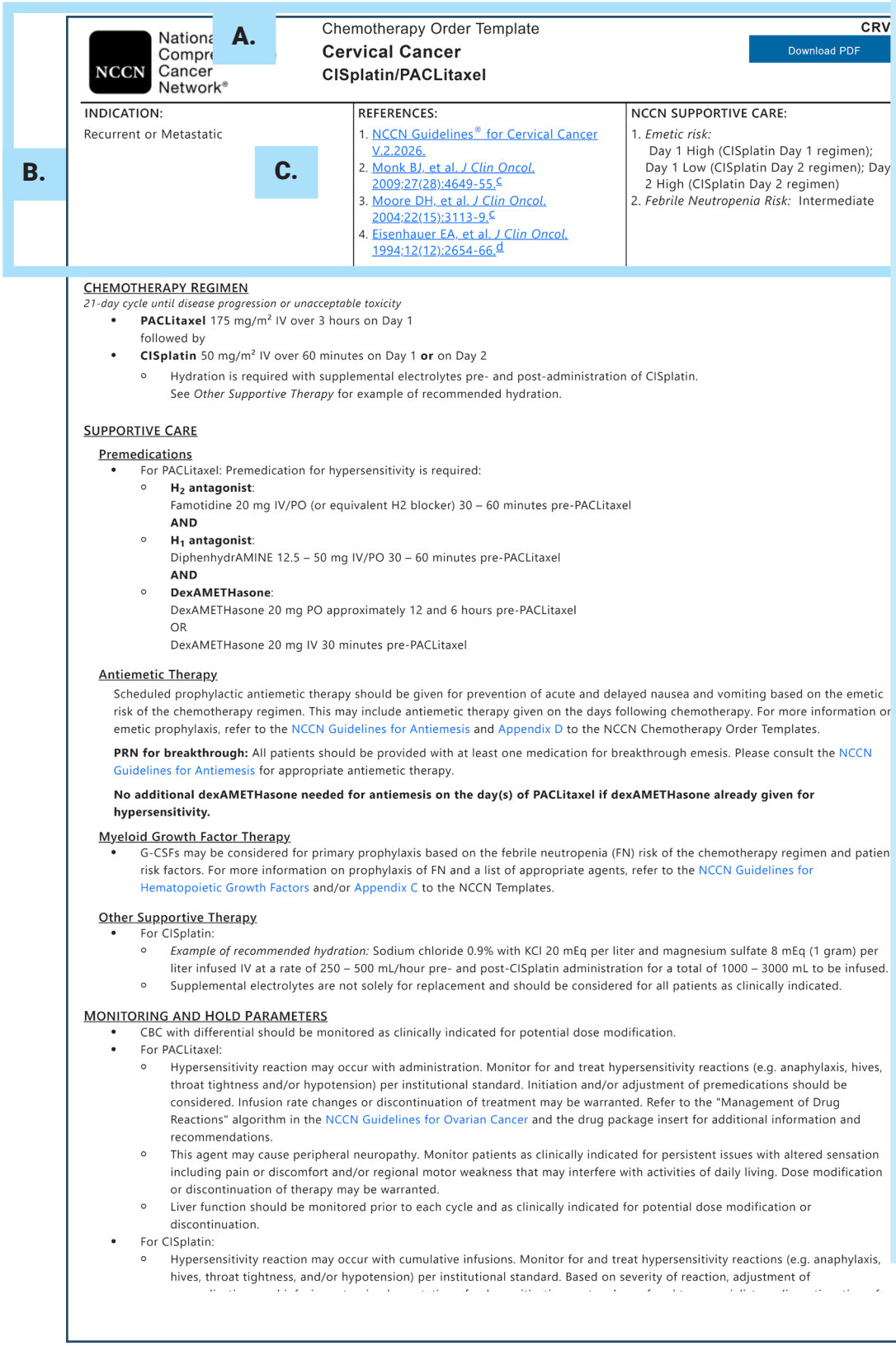
3. Refine your search

As your results appear, you can further narrow and refine your search.



4. Chemotherapy Order Template

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.



A.

Chemotherapy Order Template
Cervical Cancer
CISplatin/PACLitaxel

CRV
Download PDF

B.

INDICATION:
Recurrent or Metastatic

C.

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.2.2026.
2. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[c]
3. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c]
4. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]

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

CHEMOTHERAPY REGIMEN
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 **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:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

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

Other Supportive Therapy
- 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:
  - 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 and the drug package insert 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.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modification or discontinuation.
- For CISplatin:
  - 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

A. Template Header

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 is standardized, as described in more detail in Appendix I: Systemic Therapy Regimen Naming Methods.

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.

Continued next page >

4. Chemotherapy Order Template (continued)

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.

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Chemotherapy Order Template
Cervical Cancer
CISplatin/PACLitaxel

CRV

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D

INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Recurrent or Metastatic	1. NCCN Guidelines® for Cervical Cancer V.2.2026. 2. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[c] 3. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c] 4. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]	1. *Emetic risk:* Day 1 High (CISplatin Day 1 regimen); Day 1 Low (CISplatin Day 2 regimen); Day 2 High (CISplatin Day 2 regimen) 2. *Febrile Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

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 **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:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

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

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

Other Supportive Therapy

- 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:
  - 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 and the drug package insert 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.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modification or discontinuation.
- For CISplatin:
  - 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

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 disease specific factors.

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

Continued next page >

4. Chemotherapy Order Template (continued)

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.

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Chemotherapy Order Template
Cervical Cancer
CISplatin/PACLitaxel

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INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Recurrent or Metastatic	1. NCCN Guidelines® for Cervical Cancer V.2.2026. 2. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[c] 3. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c] 4. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]	1. *Emetic risk:* Day 1 High (CISplatin Day 1 regimen); Day 1 Low (CISplatin Day 2 regimen); D 2 High (CISplatin Day 2 regimen) 2. *Febrile Neutropenia Risk:* Intermediate

E.

CHEMOTHERAPY REGIMEN

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 **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:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emet risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information 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

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

Other Supportive Therapy

- For CISplatin:
  - *Example of recommended hydration:* Sodium chloride 0.9% with KCl 20 mEq per liter and magnesium sulfate 8 mEq (1 gram) pe 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 infus
  - 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:
  - Hypersensitivity reaction may occur with administration. Monitor for and treat hypersensitivity reactions (e.g. anaphylaxis, hive 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 and the drug package insert for additional information and recommendations.
  - This agent may cause peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with altered sensatio including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. Dose modificatic or discontinuation of therapy may be warranted.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modification or discontinuation.
- For CISplatin:
  - 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

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.

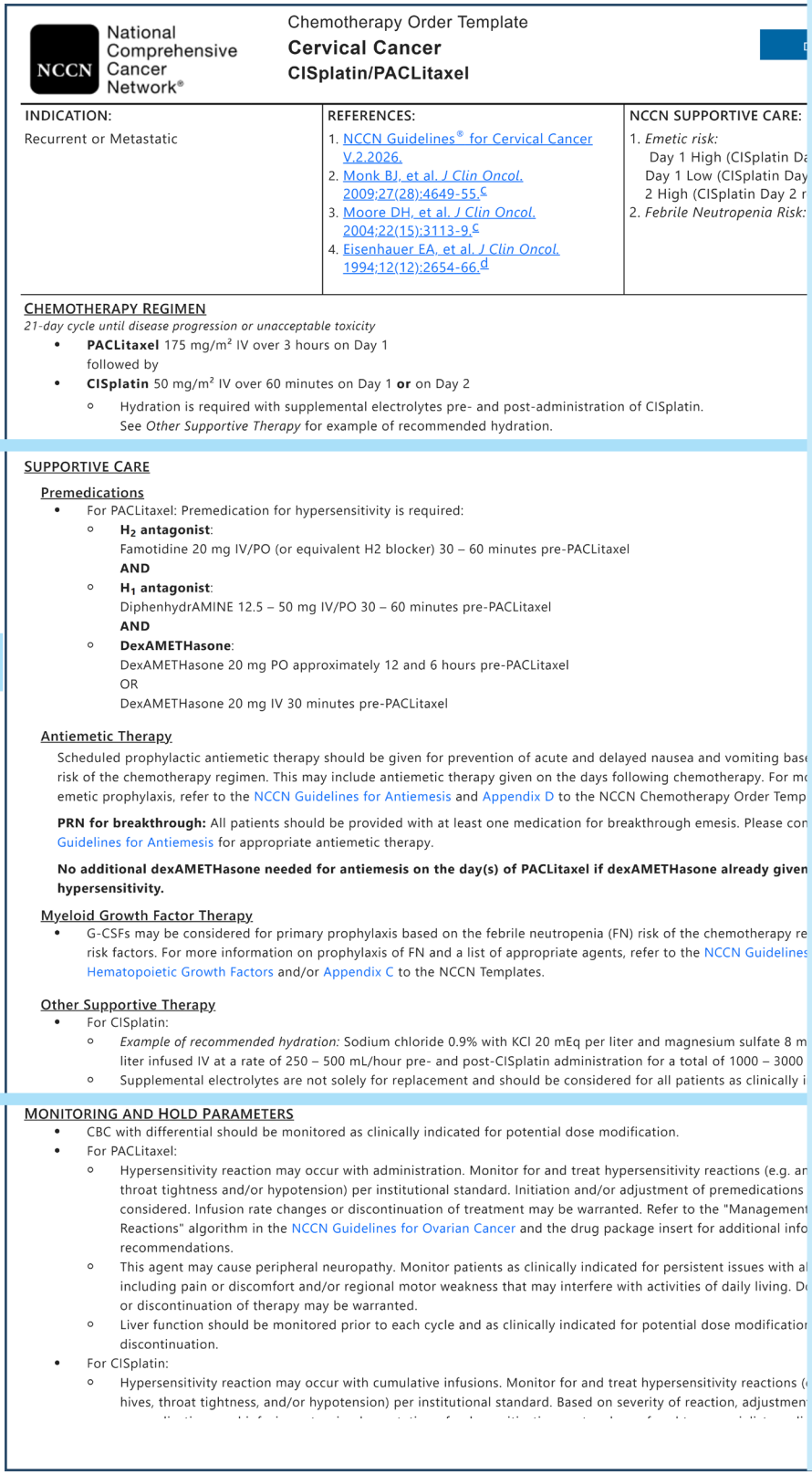
For more information regarding carboplatin dosing, please refer to Appendix B: Carboplatin Dosing.

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

Continued next page >

4. Chemotherapy Order Template (continued)

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.



National Comprehensive Cancer Network®

Chemotherapy Order Template
Cervical Cancer
CISplatin/PACLitaxel

INDICATION:
Recurrent or Metastatic

REFERENCES:
1. NCCN Guidelines® for Cervical Cancer V.2.2026.
2. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[c]
3. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c]
4. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]

NCCN SUPPORTIVE CARE:
1. *Emetic risk:*
Day 1 High (CISplatin Da
Day 1 Low (CISplatin Day
2 High (CISplatin Day 2 r
2. *Febrile Neutropenia Risk:*

CHEMOTHERAPY REGIMEN
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 **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:
  - **H_2 antagonist**:
Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

Antiemetic Therapy

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

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

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

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

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

MONITORING AND HOLD PARAMETERS
- CBC with differential should be monitored as clinically indicated for potential dose modification.
- For PACLitaxel:
  - Hypersensitivity reaction may occur with administration. Monitor for and treat hypersensitivity reactions (e.g. ar
throat tightness and/or hypotension) per institutional standard. Initiation and/or adjustment of premedications
considered. Infusion rate changes or discontinuation of treatment may be warranted. Refer to the "Management
Reactions" algorithm in the NCCN Guidelines for Ovarian Cancer and the drug package insert for additional info
recommendations.
  - This agent may cause peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with al
including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. D
or discontinuation of therapy may be warranted.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modificatio
discontinuation.
- For CISplatin:
  - Hypersensitivity reaction may occur with cumulative infusions. Monitor for and treat hypersensitivity reactions (
hives, throat tightness, and/or hypotension) per institutional standard. Based on severity of reaction, adjustmen

F.

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.

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.

Continued next page >

4. Chemotherapy Order Template (continued)

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.

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Chemotherapy Order Template
Cervical Cancer
CISplatin/PACLitaxel

Download

INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Recurrent or Metastatic	1. NCCN Guidelines® for Cervical Cancer V.2.2026. 2. Monk BJ, et al. *J Clin Oncol.* 2009;27(28):4649-55.[c] 3. Moore DH, et al. *J Clin Oncol.* 2004;22(15):3113-9.[c] 4. Eisenhauer EA, et al. *J Clin Oncol.* 1994;12(12):2654-66.[d]	1. *Emetic risk:* Day 1 High (CISplatin Day 1 regi Day 1 Low (CISplatin Day 2 regim 2 High (CISplatin Day 2 regimen) 2. *Febrile Neutropenia Risk:* Interme

CHEMOTHERAPY REGIMEN

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 **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:
  - **H_2 antagonist**:
    Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

Antiemetic Therapy

Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more inforr 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 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 ar risk factors. For more information on prophylaxis of FN and a list of appropriate agents, refer to the NCCN Guidelines for Hematopoietic Growth Factors and/or Appendix C to the NCCN Templates.

Other Supportive Therapy

- For CISplatin:
  - *Example of recommended hydration:* Sodium chloride 0.9% with KCl 20 mEq per liter and magnesium sulfate 8 mEq (1 gra 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
  - 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:
  - Hypersensitivity reaction may occur with administration. Monitor for and treat hypersensitivity reactions (e.g. anaphylaxis throat tightness and/or hypotension) per institutional standard. Initiation and/or adjustment of premedications should b 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 and the drug package insert for additional information recommendations.
  - This agent may cause peripheral neuropathy. Monitor patients as clinically indicated for persistent issues with altered se including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. Dose modi or discontinuation of therapy may be warranted.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modification or discontinuation.
- For CISplatin:
  - Hypersensitivity reaction may occur with cumulative infusions. Monitor for and treat hypersensitivity reactions (e.g. anap hives, throat tightness, and/or hypotension) per institutional standard. Based on severity of reaction, adjustment of

G.

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.

Continued next page >

4. Chemotherapy Order Template (continued)

Below is an example of an NCCN Chemotherapy Order Template, **CISplatin/PACLitaxel for Cervical Cancer.** Each section is described in more detail.

Famotidine 20 mg IV/PO (or equivalent H2 blocker) 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

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

- 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 Hematopoietic Growth Factors and/or Appendix C to the NCCN Templates.

Other Supportive Therapy

- 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:
  - 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 and the drug package insert 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.
  - Liver function should be monitored prior to each cycle and as clinically indicated for potential dose modification or discontinuation.
- For CISplatin:
  - Hypersensitivity reaction may occur with cumulative infusions. Monitor for and treat hypersensitivity reactions (e.g. anap
    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 discontinu
    therapy may be warranted. Refer to the "Management of Drug Reactions" algorithm in the NCCN Guidelines for Ovarian
    Cancer and the drug package insert for additional information and recommendations.
  - Electrolytes (eg, magnesium, potassium) should be monitored as clinically indicated.
  - 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 se
    including pain or discomfort and/or regional motor weakness that may interfere with activities of daily living. Dose mod
    or discontinuation of therapy may be warranted.
  - Ototoxicity manifested by tinnitus and/or loss of high-frequency hearing may occur with therapy. Ototoxicity is cumulat
    audiometric testing should be considered prior to initiation and as clinically indicated based on clinical exam.

H.

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For PACLitaxel:
  - This agent is an irritant with vesicant-like properties.
  - This agent should be administered through non-PVC tubing and a low protein binding 0.2 or 0.22 micron in-line filter.
  - This agent has multiple potential drug interactions. Review patient medical profile and drug package insert for specific
    interactions and recommendations.
- For CISplatin: This agent is an irritant with vesicant-like properties.

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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.