

- For bleeding: gums, petechiae, ecchymosis, black tarry stools, hematuria; decreased Hct; notify prescriber

- **For risk of hemorrhage if coadministering with other products that may cause bleeding**

- For hypersensitivity: rash, fever, chills; notify prescriber

- **Pregnancy/breastfeeding:** consider risks of bleeding and stroke; use only if benefits outweigh risks; consider potential adverse effects before breastfeeding

- **Beers:** avoid in older adults; increased risk of bleeding, lower creatinine clearance

Evaluate:

- Therapeutic response: prevention of DVT

Teach patient/family:

- To use soft-bristle toothbrush to avoid bleeding gums; to use electric razor

- To report any signs of bleeding: gums, under skin, urine, stools; bleeding risk may continue up to 72 hr after stopping therapy

- To avoid OTC products containing aspirin, NSAIDs

- To take with food

⚠ HIGH ALERT

bevacizumab (Rx)

(beh-va-kiz'you-mab)

Avastin

Func. class.: Antineoplastic—miscellaneous

Chem. class.: Monoclonal antibody

Do not confuse:

Avastin/Astelina

ACTION: Monoclonal antibody selectively binds to and inhibits activity of human vascular endothelial growth factor (VEGF) to reduce microvascular growth and metastatic disease progression

USES: Non-small-cell lung cancer (NSCLC), metastatic carcinoma of the colon or rectum, renal cell carcinoma, glioblastoma

Unlabeled uses: Adjunctive for ovarian cancer; (wet) macular degeneration

CONTRAINDICATIONS: Hypersensitivity, serious bleeding, hypertensive crisis, recent surgery

Precautions: Pregnancy, breastfeeding, children, geriatric patients, HE, blood dyscrasias, CV disease, hypertension, surgery, thromboembolic disease, hamster protein/murine hypersensitivity

Black Box Warning: GI perforation, wound dehiscence, bleeding

DOSAGE AND ROUTES

Non-small-cell lung cancer

- **Adult:** **IV** 15 mg/kg over 60-90 min with CARBOplatin and paclitaxel q3wk

Metastatic colorectal cancer

- **Adult:** **IV** in combination with (5-FU) 5 mg/kg q 14 days over 90 min, **INFUSION** over 22 hr on day 1. On day 2, repeat leucovorin 200 mg/m² **IV** over 2 hr followed by 5-FU 400 mg/m² **IV BOL**, then 5-FU 600 mg/m² **CONT IV INFUSION** over 22 hr. The order of administration is bevacizumab, followed by oxaliplatin and leucovorin, followed by 5-FU. This 2-day regimen (FOLFOX4-bevacizumab) is repeated q2wk until disease progression or unacceptable toxicity

First-line treatment of metastatic colorectal cancer in combination with capecitabine and oxaliplatin (unlabeled)

- **Adult:** **IV** 7.5 mg/kg **IV** on day 1 in combination with oxaliplatin (130 mg/m² **IV** on day 1) and capecitabine (1000 mg/m² **PO** bid on days 1 through 14), repeated q3wk

First-line or second-line treatment of metastatic colorectal cancer in combination with 5-fluorouracil, leucovorin, and irinotecan

- **Adult:** **IV** 5 mg/kg over 30-90 min q2wk. On days 1, 8, 15, and 22, give irinotecan 125 mg/m² **IV** over 90 min, followed by leucovorin 20 mg/m² **IV BOL** and then 5-FU 500 mg/m² **IV BOL**; repeat every 6 wk (IFL). On bevacizumab