



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: UMYMPBOR (Page 1 of 2)

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ To be given: _____ Cycle #: _____

Date of Previous Cycle: _____

- Delay treatment _____ week(s)
 - CBC & Diff, Platelets, Creatinine, AST, Bilirubin on day of treatment
 - CBC on day of treatment

May proceed with bortezomib dose day 1 as written, if within 96 hours **ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L, AST & Bilirubin less than 5 x upper limit of normal**

May proceed with melphalan dose as written, if within 96 hours day 1 **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L and creatinine clearance greater than 50 mL/min**

If substituting for melphalan, may proceed with cyclophosphamide dose as written, for entire cycle, if within 96 hours day 1 **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 80 x 10⁹/L and creatinine clearance greater than or equal to 10 mL/min**

Dose modification for: Hematology Other Toxicity: _____

Proceed with treatment based on blood work from _____

TREATMENT:

Physician to ensure prophylaxis with valacyclovir 500 mg daily while on Bortezomib and for 4 weeks after discontinuation Bortezomib dilution for both the SC and the IV administration is the same and results in a 1 mg/mL concentration

Bortezomib 1.3 mg/m² or 1 mg/m² or 0.7 mg/m² (circle one) x BSA = _____ mg (check one, SC or IV)
 SC injection on day 1, 8, 15, 22 (for doses greater than 2.5 mL use two syringes and two separate sites)
 IV push over 3 – 5 seconds on day 1, 8, 15 and 22

Melphalan 9 mg/m²/day x BSA x (_____ %) = _____ mg PO daily x 4 days on days 1 - 4
(round to nearest 2 mg)

Prednisone 60 mg/m²/day x BSA = _____ PO daily x 4 days on days 1 - 4
(available in 50 mg and 5 mg tablets)

Cyclophosphamide (IF SUBSTITUTING CYCLOPHOSPHAMIDE FOR MELPHALAN):

Cyclophosphamide 300 mg/m²/day x BSA x (_____ %) = _____ mg PO daily on days 1, 8, 15, 22 and 29
(round to nearest 25 mg)

And Adjust Steroid

***Prednisone or dexamethasone (circle one, write in dose in mg) _____ mg PO in morning with food on days _____ (write in) of each cycle**

*Refer to Protocol for suggested dosing options

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____



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Date:

RETURN APPOINTMENT ORDERS

Return in five weeks for Doctor and Cycle _____.
Book chemo on days 1, 8, 15 and 22.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, Calcium, AST, Serum Bilirubin, SPE prior to Day 1 of each cycle

CBC prior to Day 8, 15 and 22 treatment

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: