BC Cancer Agency
CARE & RESEARCH

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: LUMMPG

Class II Drug - Gemcitabine: Malignant mesothelioma.

For other indications or treatment beyond 6 cycles, a BCCA *"Compassionate Access Program"* request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m^2**

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** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than 100 x 10^9/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin)**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

Ondansetron 8 mg PO prior to treatment
Dexamethasone 8 mg or **12 mg** *(circle one)* prior to treatment
☐ **Aprepitant 125 mg** PO pre-chemotherapy on Day 1 and **80 mg** PO once daily in the morning on Days 2 and 3

****Have Hypersensitivity Reaction Tray and Protocol Available****

HYDRATION:
1000 mL NS IV over 1 hour prior to CISplatin

CHEMOTHERAPY:

Gemcitabine 1250 mg/m^2/day x or **1000 mg/m^2/day** *(circle one)* BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 250 mL NS over 30 minutes **Day 1 and 8**

CISplatin 75 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulphate 1 g and Mannitol 30 g over 1 hour **Day 1**

OR

CARBOplatin AUC 5 or **6** *(circle one)* **x (GFR + 25)** = _____ mg IV in 250 mL D5W over 30 minutes **Day 1** (if using AUC 6, must use Gemcitabine 1000 mg/m^2)

DOSE MODIFICATION FOR DAY 8:

Gemcitabine 1250 mg/m^2 or **1000 mg/m^2/day** *(circle one)* x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 250 mL NS over 30 minutes

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, AST, Bili, LDH prior to Day 1
CBC & Diff, Platelets, Creatinine Day 8
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: