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: HNNAVPG

Class II Drug:

☐ Locoregionally recurrent nasopharyngeal cancer
☐ Metastatic nasopharyngeal cancer

**For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to use.*

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, and if ordered, Creatinine Clearance greater than or equal to 50 mL/minute**

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 30 minutes prior to treatment Day 1 and Day 8

Dexamethasone 8 mg or 12 mg *(circle one)* PO 30 mins prior to treatment Day 1 and Day 8

☐ **Aprepitant 125 mg** PO 30 mins pre-chemotherapy and 80 mg PO once daily in the morning on days 2 and 3
☐ **Prochlorperazine 10 mg** PO 30 minutes prior (if needed) to treatment Day 15

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

PREHYDRATION:
1000 mL NS IV over 60 minutes prior to CISplatin on Day 1 and Day 8

CHEMOTHERAPY:

Gemcitabine 1000 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 250 mL NS over 30 minutes on **Days 1, 8 and 15**

CISplatin 50 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 500 mL NS, with potassium chloride 10 mEq and magnesium sulfate 0.5 g over 1 hour on **Day 1 and Day 8.**

DOSE MODIFICATION FOR DAY 8, DAY 15
Gemcitabine 1000 mg/m^2 x BSA x (_____%) = _____ mg IV in 250 mL NS over 30 minutes

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo Day 1, 8 and 15.
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, AST, Bili prior to **Day 1**
CBC & Diff, Platelets, Creatinine prior to **Day 8**
CBC & Diff, Platelets prior to **Day 15**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: