

PROTOCOL CODE: GIAVDURPG

DATE:	
Have Hypersensitivity Reaction Tray and Protocol Available	
TREATMENT:	
<p>durvalumab 20 mg/kg x _____ kg = _____ mg (max 1500 mg) on Day 1 IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter</p> <p>gemcitabine 1000 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8</p> <p>CISplatin 25 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg IV in 100 to 250 mL NS IV over 30 minutes on Day 1 and Day 8</p> <p>OR</p> <p>CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1</p>	
DOSE MODIFICATION IF REQUIRED ON DAY 8:	
<p>gemcitabine 1000 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 8</p> <p>CISplatin 25 mg/m²/day x BSA = _____ mg (not applicable if CARBOplatin Day 1) <input type="checkbox"/> Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg IV in 100 to 250 mL NS IV over 30 minutes on Day 8</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book treatment Day 1 & 8. <input type="checkbox"/> Last cycle of chemotherapy and durvalumab. Return in 3 weeks for Doctor and Cycle _____ of durvalumab monotherapy. Use GIAVDUR4 PPO. Book treatment Day 1 only.	
<p>CBC & Diff, platelets, creatinine, sodium, potassium, total bilirubin, ALT, TSH prior to Day 1 CBC & Diff, platelets, creatinine prior to Day 8</p> <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> chest x-ray</p> <p><input type="checkbox"/> serum hCG or <input type="checkbox"/> urine hCG – required for woman of childbearing potential <input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> random glucose <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> creatin kinase <input type="checkbox"/> troponin <input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> weekly nursing assessment <input type="checkbox"/> Other tests: <input type="checkbox"/> Other consults: <input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: