

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

PROTOCOL CODE: GUAVEVPEM

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DOCTOR'S ORDERS	tkg	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: To be given: C	ycle #:	
Date of Previous Cycle:		
☐ Delay treatment week(s) ☐ CBC & Diff day of treatment		
May proceed with enfortumab vedotin as written if within 96 hours of Day 1, and within than or equal to 1.0 x 10 ⁹ /L, platelets greater than or equal to 75 x 10 ⁹ /L, and rand to 13.9 mmol/L		
May proceed with pembrolizumab as written if within 96 hours of Day 1 ALT <u>less than or equal to</u> 3 times the upper limit of normal, total bilirubin <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal and <u>less than or equal to</u> 1.5 times the baseline.		
Dose modification for: Hematology Other Toxicity: Proceed with treatment based on blood work from		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm		
prochlorperazine 10 mg PO or metoclopramide 10 mg PO prior to treatment		
For prior infusion reaction to enfortumab vedotin or pembrolizumab:		
☐ diphenhydrAMINE 50 mg PO/IV 30 minutes prior to treatment		
acetaminophen 325 to 975 mg PO 30 minutes prior to treatment		
☐ hydrocortisone 100 mg IV 30 minutes prior to treatment☐ Other:		
Have Hypersensitivity Reaction Tray and Protocol Ava	nilable	
TREATMENT:		
enfortumab vedotin 1.25 mg/kg x kg = mg (maximum 125 mg) IV in 50 mL NS over 30 minutes* on Days 1 and 8		
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Dose Modification if required: ☐ enfortumab vedotin 1 mg/kg x kg = mg (maximum 100 mg) IV in 50 mL NS over 30 minutes* on Days 1 and 8 or Day(s)		
☐ enfortumab vedotin 0.75 mg/kg x kg = mg (maximum 75 mg) IV in 50 mL NS over 30 minutes* on Days 1 and 8 or Day(s)		
☐ enfortumab vedotin 0.5 mg/kg x kg = mg (maximum 50 mg) IV in 50 mL NS over 30 minutes* on Days 1 and 8 or Day(s)		
*Observe for 1 hour post infusion (not required after 3 consecutive doses with no reaction)		
pembrolizumab 2 mg/kg x kg =mg (max. 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter on Day 1		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	



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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in three weeks for Doctor and Cycle, book treatment Day 1 & 8. ☐ Last Cycle. Return in week(s).	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, sodium, potassium, random glucose, phosphate, TSH, LDH prior to Day 1 of each cycle CBC & Diff, random glucose prior to Day 8 of each cycle	
If clinically indicated: ECG	
 □ Other tests □ Ophthalmologic consult □ Consults: □ See general orders sheet for additional requests. 	
DOCTOR'S SIGNATURE:	SIGNATURE:
	uc: