



Provincial Health Services Authority

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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GUAVNIVC**

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## DOCTOR'S ORDERS

Wt \_\_\_\_\_ kg

**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)

May proceed with cabozantinib doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal**, and if ordered urine protein **less than 1 g/24 h**.

May proceed with nivolumab doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline**.

**Proceed with treatment based on blood work from** \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply of oral medication. RN/Pharmacist to confirm \_\_\_\_\_.

Antiemetics per protocol

For prior nivolumab infusion reaction:

- ☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment  
☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment  
☐ **hydrocortisone 25 mg** IV 30 minutes prior to treatment

### TREATMENT:

☐ Cycles 1 to 52 (nivolumab and cabozantinib combination treatment)

**nivolumab 3 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (**max. 240 mg**) **every 2 weeks**

IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter.

**cabozantinib 40 mg** PO once daily

Dose modification:

- ☐ **cabozantinib 20 mg** PO once daily  
☐ **cabozantinib 20 mg** PO once every other day

Mitte: 14 days

**See page 2 for cabozantinib monotherapy**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**DATE:**
**TREATMENT, continued:**
☐ Cycles 53 onwards (cabozantinib treatment)

**cabozantinib 40 mg PO once daily**

Dose modification:

☐ **cabozantinib 20 mg PO once daily**
☐ **cabozantinib 20 mg PO once every other day**

Mitte: 30 days. Repeat x \_\_\_\_\_ (after lab work)

## **RETURN APPOINTMENT ORDERS**

- ☐ Return in **two** weeks for Doctor and Cycle # \_\_\_\_\_  
☐ Return in \_\_\_\_\_ weeks for Doctor and Cycle #s \_\_\_\_\_  
☐ Last cycle. Return in \_\_\_\_\_ **week(s)**

- ☐ Cycles 1 to 52 (nivolumab and cabozantinib combination treatment)  
**CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, dipstick urine OR laboratory urinalysis for protein, uric acid**  
prior to each cycle  
If clinically indicated:  
☐ **24 hour urine protein within 4 days prior to next cycle for laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+**  
☐ **ECG**   ☐ **chest x-ray**   ☐ **MUGA scan or**   ☐ **echocardiogram**  
☐ **serum HCG or**   ☐ **urine HCG** - required for women of childbearing potential  
☐ **free T3 and free T4**   ☐ **lipase**   ☐ **morning serum cortisol**   ☐ **random glucose**  
☐ **serum ACTH levels**   ☐ **testosterone**   ☐ **estradiol**   ☐ **FSH**   ☐ **LH**  
☐ **calcium**   ☐ **magnesium**   ☐ **total protein**   ☐ **phosphate**   ☐ **troponin**  
☐ **INR**   ☐ **albumin**   ☐ **GGT**   ☐ **weekly nursing assessment**
- ☐ Cycles 53 onwards (cabozantinib treatment)  
**CBC & Diff, creatinine, ALT, total bilirubin, uric acid, dipstick urine OR laboratory urinalysis for protein**  
prior to each cycle  
If clinically indicated:  
☐ **24 hour urine protein within 4 days prior to next cycle for laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+**  
☐ **ECG**   ☐ **MUGA scan or**   ☐ **echocardiogram**  
☐ **sodium**   ☐ **potassium**   ☐ **calcium**   ☐ **magnesium**   ☐ **phosphate**   ☐ **TSH**  
☐ **total protein**   ☐ **INR**   ☐ **albumin**   ☐ **GGT**   ☐ **alkaline phosphatase**   ☐ **LDH**
- ☐ **Other tests:**  
☐ **Other consults:**  
☐ **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**
**SIGNATURE:**
**UC:**