

**PROTOCOL CODE: GOOVBEVLD**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) and repeat <b>CBC &amp; Diff, Platelets</b> on day of treatment				
May proceed with doses as written if BP less than or equal to 150/100, within 96 hours of Day 1: urine dipstick for protein negative or 1+, ANC greater than or equal to $1.0 \times 10^9/L$ , Platelets greater than or equal to $100 \times 10^9/L$ .				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> (No prophylactic antiemetics usually necessary)				
If <u>prior</u> infusion reaction: <b>45 minutes prior to DOXOrubicin pegylated liposomal:</b>				
<input type="checkbox"/> dexamethasone 20 mg IV in 50 mL D5W over 15 minutes				
<b>30 minutes prior to DOXOrubicin pegylated liposomal:</b>				
<input type="checkbox"/> diphenhydRAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
<input type="checkbox"/> <b>Other:</b> _____				
<b>CHEMOTHERAPY:</b>				
DOXOrubicin pegylated liposomal line to be primed with D5W; bevacizumab line to be primed with NS.				
<b>DAY 1:</b>				
DOXOrubicin pegylated liposomal 40 mg/m <sup>2</sup> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 250 to 500 mL D5W over 1 h* <b>on Day 1 only.</b>				
*In Cycle 1, infuse over at least 1 h (maximum 1 mg/min). For subsequent doses and no prior reaction, infuse over 1 h.				
<b>DAYS 1 and 15:</b>				
Flush line with <b>10 mL NS</b> pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.				
<b>bevacizumab 10 mg/kg or _____ mg/kg x _____ kg = _____ mg</b>				
IV in <b>100 mL NS</b> over 30 minutes (first infusion over 1 hour) <b>on Days 1 and 15.</b>				
Flush line with <b>25 mL NS</b> post-bevacizumab.				
(Blood pressure measurement post-bevacizumab infusion for first 3 cycles)				
Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190				
<b>Drug</b>	<b>Brand (Pharmacist to complete. Please print.)</b>	<b>Pharmacist Initial and Date</b>		
bevacizumab				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>

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DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<p>Return in <b>four</b> weeks for Doctor and Cycle _____. Book Chemo Day 1 &amp; 15.</p> <p><input type="checkbox"/> Last Treatment. Return in _____ week(s).</p>	
<p><b>CBC &amp; Diff, Platelets, Laboratory urinalysis or Urine dipstick for protein</b> prior to next cycle (<i>within 96 hours OK</i>). No routine labwork required on Day 15.</p> <p><input type="checkbox"/> <b>24 hour urine for total protein</b> within 3 days prior to next bevacizumab dose if 2+ or 3+ dipstick or greater than or equal to 1 g/L laboratory urinalysis for protein</p> <p><input type="checkbox"/> <b>INR weekly</b>    <input type="checkbox"/> <b>INR</b> prior to next cycle</p> <p>Prior to next cycle, if clinically indicated: <input type="checkbox"/> <b>Bilirubin</b>    <input type="checkbox"/> <b>Alk Phos</b>    <input type="checkbox"/> <b>GGT</b>    <input type="checkbox"/> <b>ALT</b></p> <p><input type="checkbox"/> <b>LDH</b>    <input type="checkbox"/> <b>Tot Prot</b>    <input type="checkbox"/> <b>Albumin</b>    <input type="checkbox"/> <b>Creatinine</b>    <input type="checkbox"/> <b>CA 15-3</b>    <input type="checkbox"/> <b>CA 125</b>    <input type="checkbox"/> <b>CA 19-9</b>    <input type="checkbox"/> <b>SCC</b></p> <p><input type="checkbox"/> <b>CEA</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>