**Protocol Code:** UGOOVB

*Page 1 of 2*

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>Doctor’s Orders</th>
<th>Ht________cm Wt________kg BSA________m²</th>
</tr>
</thead>
</table>

**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) and repeat CBC & Diff, Platelets 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 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L.

**Dose modification for:**
- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from ________

**Premedications:** (No prophylactic antiemetics usually necessary)

If *prior* infusion reaction:

- [ ] Dexamethasone 20 mg IV in 50 mL D5W over 15 minutes
- [ ] Diphenydramine 50 mg IV and ranitidine 50 mg IV in 50 mL D5W over 20 minutes

**Other:**

- [ ] Have Hypersensitivity Reaction Tray and Protocol Available**

**Chemotherapy:**

DOXOrubicin pegylated liposomal line to be primed with D5W; bevacizumab line to be primed with NS.

**Day 1:**

- [ ] DOXOrubicin pegylated liposomal (CAELYX) 40 mg/m² x BSA = ________ mg
- [ ] Dose Modification: ________ mg/m² x BSA = ________ mg

IV in 250 to 500 mL D5W over 1 h* on Day 1 only.

*In Cycle 1, infuse over at least 1 h (maximum 1 mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

**Days 1 and 15:**

Flush line with 10 mL NS pre-bevacizumab. Blood pressure measurement pre-bevacizumab dose.

- [ ] Bevacizumab 10 mg/kg or ______ mg/kg x weight = ______ mg IV in 100 to 250 mL NS over 30 minutes to 1 h (over 1 h if first bevacizumab infusion) on Days 1 and 15.

Flush line with 25 mL NS post-bevacizumab. Blood pressure measurement post-bevacizumab infusion in Cycles 1 to 3.

**Doctor’s Signature:**

**Signature:**

UC:
## PROTOCOL CODE: UGOOVBEVLD

(Original form text: 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.)

### RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle _______. Book Chemo Day 1 & 15.

- [ ] Last Treatment. Return in _______ week(s).

### CBC & Diff, Platelets, Laboratory urinalysis or Urine dipstick for protein prior to next cycle (within 96 hours OK). No routine labwork required on Day 15.

- [ ] 24 hour urine for total protein 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

- [ ] INR weekly  
- [ ] INR prior to next cycle

Prior to next cycle, if clinically indicated:

- [ ] Bilirubin  
- [ ] Alk Phos  
- [ ] GGT  
- [ ] AST

- [ ] LDH  
- [ ] Tot Prot  
- [ ] Albumin  
- [ ] Creatinine  
- [ ] CA 15-3  
- [ ] CA 125  
- [ ] CA 19-9  
- [ ] SCC

- [ ] CEA

- [ ] Other tests:

- [ ] Consulti

- [ ] See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

### SIGNATURE:

### UC: