



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 and according to acceptable standards of care.

PROTOCOL CODE: LUAVPGCEM

(Cycles 1 to 6)

Page 1 of 2

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²						
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form								
DATE:	To be given:	Cycle #:						
Date of Previous Cycle: _____								
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment								
Day 1: May proceed with doses as written if within 48 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin), creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times the baseline, 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.								
Day 8: May proceed with doses as written if within 48 hours 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"/> Hematology <input type="checkbox"/> Other Toxicity: _____								
Proceed with treatment based on blood work from _____								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.								
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment on Day 1								
AND select ONE of the following:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td>aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1</td></tr></table>		<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1
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<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1							
If additional antiemetic required: <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1								
For prior infusion reaction to cemiplimab: <input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to treatment <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment <input type="checkbox"/> Other: _____								
Have Hypersensitivity Reaction Tray & Protocol Available								
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin								
Continued on page 2								
DOCTOR'S SIGNATURE:		SIGNATURE:						
		UC:						

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(Cycles 1 to 6)

Page 2 of 2

DATE:	
TREATMENT: cemiplimab 350 mg IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter Day 1 gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8 Select one: <input type="checkbox"/> CISplatin 75 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour Day 1 OR <input type="checkbox"/> CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 <input type="checkbox"/> Dose Modification: _____ % = _____ mg	
DOSE MODIFICATION FOR DAY 8 gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <u>three</u> weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Return in <u>three</u> weeks for Doctor and Cycle _____. Book maintenance Day 1 <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to Day 1 CBC & Diff, creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing 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"/> troponin <input type="checkbox"/> creatine kinase <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: