



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: LUAVPPCEM
(Cycles 7 plus)

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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 #(s):
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with pemetrexed as written if within 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 45 mL/minute .				
May proceed with cemiplimab as written if within 96 hours 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 .				
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 4 mg PO bid for 3 days starting one day prior to each treatment				
Ensure patient is taking follic acid and has had vitamin B12 injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.				
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				
TREATMENT: <input type="checkbox"/> Repeat in three weeks				
cemiplimab 350 mg				
IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter				
pemetrexed $500 \text{ mg/m}^2 \times \text{BSA}$ = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA}$ = _____ mg				
IV in 100 mL NS over 10 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Return in six weeks for Doctor and Cycle #s _____ and _____. Book for 2 cycles.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s)				
(continued on page 2)				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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DATE:	
<p>CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment</p> <p>Vitamin B12 injection required every 9 weeks. Patient to obtain supply.</p> <p><input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.</p> <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray</p> <p><input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential</p> <p><input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol</p> <p><input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> random glucose <input type="checkbox"/> troponin <input type="checkbox"/> creatinine kinase</p> <p><input type="checkbox"/> Weekly nursing assessment</p> <p><input type="checkbox"/> Other consults</p> <p><input type="checkbox"/> See general orders sheet for additional requests</p>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: