**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: LYABVD**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

<table>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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**Date of Previous Cycle:**

- Delay treatment ______ week(s)
- CBC & Diff, platelets day of treatment

May proceed with day 1 doses as written if within 48 hours **ANC greater than or equal to 0.6 x 10⁹/L**

Dose modification for: □ Hematology □ 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
- and select ONE of the following:
  - ondansetron 8 mg PO 30 to 60 minutes prior to treatment
  - aprepitant 125 mg PO 30 to 60 minutes prior to treatment
  - netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
- hydrocortisone 100 mg IV prior to etoposide
- diphenhydrAMINE 50 mg IV prior to etoposide
- Other:

****Have Hypersensitivity Reaction Tray and Protocol Available**

**CHEMOTHERAPY:**

- DOXOrubicin 25 mg/m² x BSA = __________mg
  - Dose Modification: ______% = __________ mg/m² x BSA = __________ mg
  - IV push day 1 and day 15

- vinBLAStine 6 mg/m² x BSA = __________ mg
  - Dose Modification: ______% = __________ mg/m² x BSA = __________ mg
  - IV in 50 mL NS over 15 minutes on day 1 and day 15

- hydrocortisone 100 mg IV in 50 to 100 mL NS over 10 to 15 minutes prior to Bleomycin day 1 and day 15

- bleomycin 10 units/m² x BSA = __________ units IV in 50 mL NS over 15 minutes day 1 and day 15

- dacarbazine 375 mg/m² x BSA = __________ mg IV in 250 to 500 mL NS over 1 to 2 hours day 1 and day 15

*If using bleomycin, see protocol regarding recommendations on when to omit after cycle 2 according to stage*

If Cardiac Dysfunction:

Omit DOXOrubicin. Give etoposide 25 mg/m² x BSA = __________ mg

- Dose Modification: ______% = __________ mg/m² x BSA = __________ mg
  - IV in 250 to 500 mL NS over 45 minutes on day 1 and day 15 (Use non-DEHP equipment with in-line filter)

And etoposide 50 mg/m² x BSA x (__________%) = __________ mg PO on day 2 and day 3 and day 16 and day 17.

Round dose to nearest 50 mg)

If Bilirubin greater than 85 mmol/L:

Omit DOXOrubicin. Give cyclophosphamide 375 mg/m² x BSA = __________ mg IV in 100 to 250 mL over 30 minutes to 1 hour.

(Day 1 and day 15)

**EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE DRUG REACTION:**

- hydrocortisone 100 mg IV pm / diphenhydrAMINE 50 mg IV pm

**RETURN APPOINTMENT ORDERS**

- □ Return in four weeks for Doctor and Cycle __________. Book chemo Day 1 and 15.
- □ Last Cycle. Return in ______ week(s).

CBC & Diff, platelets prior to day 1 of each cycle of treatment.

PET Scan between day 21 and 28 of cycle 2

□ PET Scan

□ CT Scan

□ Other tests: □ Consults:

□ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order LYABVD

Created: April 1st, 2005 Revised: 1 Apr 2020