PROTOCOL CODE: MYBORPRE

DOCTOR’S ORDERS

Ht________cm Wt________kg BSA________m²

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)
☐ Beta-2-microglobulin on day 1 of cycle #1 only
☐ CBC on day of treatment
☐ CBC & Diff, Platelets, Creatinine, ALT, Bilirubin on day of treatment

• May proceed with bortezomib dose day 1 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal

• If CBC prior to day 1 show ANC less than 1.5 x 10⁹/L or platelets less than 100 x 10⁹/L then:
  o May proceed with bortezomib Day 8, 15 and 22 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L

• May proceed with cyclophosphamide dose as written, for entire cycle, if day 1 lab is within 96 hours ANC greater than 1.0 x 10⁹/L, platelets greater than 80 x 10⁹/L, creatinine clearance greater than or equal to 10 mL/min

Dose modification for:

☐ Hematology
☐ Other Toxicity: _____________________________

Proceed with treatment based on blood work from ___________

TREATMENT:

• A referral to the Leukemia/BMT Program of BC must be made at the start of the first cycle or shortly after for planning purposes.

• If patient is VZV seropositive and/or at physician’s clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and for four weeks after discontinuation

bortezomib 1.5 mg/m² or 1.3 mg/m² or 1 mg/m² or 0.7 mg/m² x BSA = ___________ mg
SC injection on day 1, 8, 15 and 22

cyclophosphamide (IF USING):
300 mg/m²/day x BSA x (__________%) = __________mg PO daily on days 1, 8, 15, 22
(round to nearest 25 mg)

*predniSONE or dexamethasone (circle one, write dose) ____________mg PO in morning with food on days __________________________ (write in) of each cycle

*Refer to Protocol for suggested dosing options

NB: Bortezomib twice weekly dosing option available (see protocol). Orders should be handwritten on a separate order.

DOCTOR’S SIGNATURE: SIGNATURE: UC:
### RETURN APPOINTMENT ORDERS

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Return in **four** weeks for Doctor and Cycle _______.
- Book chemo on days 1, 8, 15, 22
- Last Cycle. Return in ________ week(s).

**Serum Protein Electrophoresis** and/or **Serum Free Light Chain Levels** *(CIRCLE APPROPRIATE)* prior to Day 1 of each cycle

- **CBC & Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin** prior to each Day 1 of each cycle
- **CBC & Diff, Platelets** prior to Day 8, 15, 22 treatment for current cycle if ANC on Day 1 is less than 1.5 or Platelets are less than 100

- **CBC & Diff, Platelets** prior to Day 8, 15, 22 treatment

- **Other tests:**
- **Consults:**

- **See general orders sheet for additional requests.**

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