



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 and according to acceptable standards of care

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PROTOCOL CODE: MYBORPRE

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) <ul style="list-style-type: none"> <input type="checkbox"/> Beta-2-microglobulin on day 1 of cycle #1 only <input type="checkbox"/> CBC on day of treatment <input type="checkbox"/> CBC & Diff, Platelets, Creatinine, ALT, Bilirubin on day of treatment <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 or equal to 1.0 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L, creatinine clearance greater than or equal to 10 mL/min Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity : _____ Proceed with treatment based on blood work from _____				
TREATMENT: <ul style="list-style-type: none"> • 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 <p>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</p> <p>cyclophosphamide (IF USING): 300 mg/m²/day x BSA x (_____ %) = _____ mg PO weekly on days 1, 8, 15, 22 <i>(round to nearest 25 mg)</i></p> <p><input type="checkbox"/> *predniSONE or <input type="checkbox"/> dexamethasone (select one, write dose) _____ mg PO in morning on days _____ (write in) of each cycle</p> <p>*Refer to Protocol for suggested dosing options</p> <p>NB: Bortezomib twice weekly dosing option available (see protocol). Orders should be handwritten on a separate order.</p>				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	



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Date:	
RETURN APPOINTMENT ORDERS	
Return in four weeks for Doctor and Cycle _____. Book chemo on days 1, 8, 15, 22 <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<input type="checkbox"/> Serum Protein Electrophoresis and/or <input type="checkbox"/> Serum Free Light Chain Levels (SELECT 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 <input type="checkbox"/> CBC & Diff, Platelets prior to Day 8, 15, 22 treatment <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: