



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: MYBORREL**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <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"> <li>• May proceed with bortezomib dose day 1 as written, if within 96 hours <b>ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, platelets greater than or equal to 30 x 10<sup>9</sup>/L, bilirubin less than or equal to 1.5 x upper limit of normal</b></li> <li>• If CBC prior to day 1 show ANC less than 1.5 x 10<sup>9</sup>/L or platelets less than 100 x 10<sup>9</sup>/L then:           <ul style="list-style-type: none"> <li>○ May proceed with bortezomib Day 8, 15 and 22 as written, if within 96 hours <b>ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, platelets greater than or equal to 30 x 10<sup>9</sup>/L</b></li> </ul> </li> <li>• May proceed with cyclophosphamide dose as written, for entire cycle, if day 1 lab is within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 80 x 10<sup>9</sup>/L and creatinine clearance greater than or equal to 10 mL/min</b></li> </ul>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity : _____					
• Proceed with treatment based on blood work from _____					
<b>TREATMENT:</b>					
<ul style="list-style-type: none"> <li>• 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</li> </ul>					
<b>bortezomib</b> <input type="checkbox"/> 1.5 mg /m <sup>2</sup> or <input type="checkbox"/> 1.3 mg/m <sup>2</sup> or <input type="checkbox"/> 1 mg/m <sup>2</sup> or <input type="checkbox"/> 0.7 mg/m <sup>2</sup> (select one) x BSA = _____ mg SC injection on days 1, 8, 15 and 22					
<b>cyclophosphamide (If using)</b> 300 mg/m <sup>2</sup> /day x BSA x ( _____ %) = _____ mg PO weekly on days 1, 8, 15, 22 and 29 (round to nearest 25 mg)					
<input type="checkbox"/> *predniSONE or <input type="checkbox"/> dexamethasone (select one, write dose) _____ mg PO in morning on days _____ (write in) of each cycle *Refer to Protocol for other suggested steroid dosing options					
NB: Bortezomib twice weekly dosing option available (see protocol). Orders should be handwritten on a separate order.					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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<b>Date:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in <u>five</u> weeks for Doctor and Cycle _____. Book chemo on days 1, 8, 15 and 22 <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<input type="checkbox"/> <b>Serum Protein Electrophoresis and/or</b> <input type="checkbox"/> <b>Serum Free Light Chain Levels</b> (SELECT APPROPRIATE) prior to Day 1 of each cycle  <b>CBC &amp; Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin</b> prior to Day 1 of each cycle  <b>CBC &amp; Diff, Platelets</b> on Day 8, 15 and 22 for current cycle if ANC on Day 1 is less than 1.5 or Platelets are less than 100  <input type="checkbox"/> <b>CBC &amp; Diff</b> prior to Day 8, 15, 22 treatment  <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>