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.

**PROTOCOL CODE: MYBORREL**

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**DOCTOR’S ORDERS**

### Ht________cm Wt________kg BSA________m²

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
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</table>

Date of Previous Cycle:

- [ ] Delay treatment ______ week(s)
  - [ ] 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:
  - 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** and creatinine clearance greater than or equal to 10 mL/min

Dose modification for: [ ] Hematology [ ] Other Toxicity: _____________________________

- Proceed with treatment based on blood work from ________________________________

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**TREATMENT:**

- 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 (circle one) 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 and 29 (round to nearest 25 mg)**

***(circle one, write dose) ________mg PO in morning with food 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.

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**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order **MYBORREL**

Created: 1 October 2010   Revised: 1 Apr 2020
**Date:**

<table>
<thead>
<tr>
<th><strong>RETURN APPOINTMENT ORDERS</strong></th>
</tr>
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<tbody>
<tr>
<td>Return in <strong>five</strong> weeks for Doctor and Cycle ______. Book chemo on days 1, 8, 15 and 22. □ Last Cycle. Return in ________ week(s).</td>
</tr>
</tbody>
</table>

| **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 Day 1 of each cycle |
| CBC & Diff, Platelets 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 |

□ CBC & Diff prior to Day 8, 15, 22 treatment

□ Other tests:

□ Consults:

□ See general orders sheet for additional requests.

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