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: MYCARDEX

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff**, **Platelets** day of treatment

- May proceed with carfilzomib Day 1 dose as written, if within 96 hours **ANC greater than or equal to 0.5 x 10^9/L, Platelets greater than or equal to 10 x 10^9/L and CrCl as per protocol**
- May proceed with carfilzomib Day 8 and 15 doses as written **(if Day 8 labs ordered),** if within 48 hours **ANC greater than or equal to 0.5 x 10^9/L, Platelets greater than or equal to 10 x 10^9/L and CrCl as per protocol**
- May proceed with cyclophosphamide dose as written, for entire cycle, if Day 1 lab is within 96 hours **ANC greater than 1.0 x 10^9/L, platelets greater than 80 x 10^9/L and CrCl as per protocol**

Dose modification for: ☐ **Hematology:** _____ ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

If dexamethasone not given as part of the treatment regimen, 30 minutes prior to carfilzomib if using dexamethasone:

☐ **dexamethasone 4 mg** PO ***OR*** ☐ **dexamethasone 4 mg** IV in NS 50 mL over 15 minutes

☐ Other:

PREHYDRATION:

Cycle 1:

Pre-hydration: 250 mL NS IV over 30 minutes

Cycle 2 onward (optional):

☐ 250 mL NS IV over 30 minutes

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DOCTOR'S ORDERS

DATE:

TREATMENT:

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

STEROID (select one)

☐ **dexamethasone** ☐ **40 mg** or ☐ **20 mg** PO once weekly**,** in the morning**,** on Days 1, 8, 15 and 22

☐ dexamethasone _____mg PO once weekly, in the morning x _____ doses

☐ predniSONE _____mg PO once weekly, in the morning x _____doses

☐ No Steroid

CARFILZOMIB

☐ **CYCLE 1:**

carfilzomib 20 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 30 minutes on Day 1

carfilzomib 70 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 30 minutes on Days 8 and 15

*(cap BSA at 2.2)

Vital signs prior to EACH carfilzomib infusion

For Cycle 1 only, observe patient for one hour following each carfilzomib infusion

☐ **CYCLE 2 onward:**

carfilzomib 70 mg/m2 x BSA* = _____ mg

IV in 100 mL D5W over 30 minutes on Days 1, 8 and 15

*(cap BSA at 2.2)

Vital signs prior to EACH carfilzomib infusion

CYCLOPHOSPHAMIDE (if using)

cyclophosphamide (If using) 300 mg/m^2/day x BSA x (_____%) = _____mg PO weekly on Days 1, 8 and 15
(round to nearest 25 mg)

DOSE MODIFICATION IF REQUIRED ON DAYS 8 AND/OR 15

carfilzomib 70 mg/m2 x BSA* = _____ mg

☐ Dose Modification: _____ mg/m^2 x BSA* = _____mg

IV in 100 mL D5W over 30 minutes on Days _____

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DATE:

RETURN APPOINTMENT ORDERS

Book chemo on Days 1, 8, and 15

☐ Return in **four** weeks for Doctor and Cycle _____

☐ Last Cycle. Return in _____ week(s).

Laboratory: Blood work done prior to next cycle must be done less than or equal to 4 days prior to the start date

Cycle 1:

Day 1: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, uric acid, urea, magnesium, alkaline phosphatase, ALT, serum bilirubin, albumin, total protein, Serum Protein Electrophoresis **and** Serum Free Light Chain Levels

Day 8 and 15: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, uric acid

Cycles 2 and subsequent cycles:

Day 1: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, uric acid, urea, magnesium, alkaline phosphatase, ALT, serum bilirubin, albumin, total protein, Serum Protein Electrophoresis **and** Serum Free Light Chain Levels

Day 15: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, and uric acid

☐ **Immunoglobulin panel (IgA, IgG, IgM)** prior to Day 1 of each cycle

☐ **Urine protein electrophoresis** prior to Day 1 of each cycle

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: