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: MYDARBD (IV Cycle 2+)

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: _____

****Ensure Red Blood Cell Phenotype **and Group and Screen** for all patients prior to Cycle 1****

☐ Delay treatment _____ week(s)

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

- Proceed with bortezomib dose day 1 as written, if within 96 hours (or within 48 hours for day 15) **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 30 x 10^9/L, bilirubin less than or equal to 1.5 x upper limit of normal**
- Proceed with cyclophosphamide dose (if using) as written, for entire cycle, if day 1 lab is within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 80 x 10^9/L and CrCl greater than or equal to 10 mL/min**
- Proceed with daratumumab day 1 dose as written, if within 96 hours (or within 48 hours for day 15) **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 50 x 10^9/L**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

☐ **CYCLOPHOSPHAMIDE – Cycles 2 to 8 (☐ Cycle 9 onwards optional)**

cyclophosphamide 300 mg/m^2/day x BSA x (_____%) = _____mg PO weekly on days 1, 8, 15 of a 28 day cycle (maximum dose 500 mg and round to nearest 25 mg)

BORTEZOMIB – Cycles 2 to 8

- 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/or daratumumab and for four weeks after discontinuation

bortezomib ☐ **1.5 mg/m^2** or ☐ **1.3 mg/m^2** or ☐ **1 mg/m^2** or ☐ **0.7 mg/m^2** x BSA =_____ mg

subcutaneous injection weekly on days 1, 8, 15 and 22

STEROID: RN to use patient's therapeutic steroid (if applicable) as pre-med for daratumumab - refer to protocol

Cycles 2 to 8 (☐ Cycle 9 onwards optional)

☐ **dexamethasone** ☐ **40 mg** or ☐ **20 mg** PO once weekly on days 1, 8, 15, and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning, *OR*

☐ **dexamethasone _____mg** PO once weekly on days 1, 8, 15, and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning, *OR*

☐ **predniSONE _____mg** PO once weekly on days 1, 8, 15, and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning

☐ No steroid

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

DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

DARATUMUMAB

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/or daratumumab and for 4 weeks after discontinuation

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

dexamethasone as ordered in steroid section

☐ **montelukast 10mg** PO prior to each daratumumab

acetaminophen 650 mg PO prior to each daratumumab. Repeat **acetaminophen 650 mg** PO every 4 hours when needed

Select one of the following:

☐ **loratadine 10 mg** PO prior to each daratumumab, then **diphenhydrAMINE 50 mg** IV every 4 hours when needed

OR

☐ **diphenhydrAMINE 50 mg** ☐PO or ☐ IV prior to each daratumumab. Repeat **diphenhydramine 50 mg** IV every 4 hours when needed

DARATUMUMAB

☐**CYCLE 2, Days 1, 8, 15, and 22:**

daratumumab 16 mg/kg x _____ kg = _____mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLE 3 to 4, Days 1 and 15:**

daratumumab 16 mg/kg x _____ kg = _____mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLES 5 to 8, Day 1:**

daratumumab 16 mg/kg x _____ kg = _____mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLE 9 onwards, Day 1:**

daratumumab 16 mg/kg x _____ kg = _____mg **IV in 500 mL NS (use 0.2 micron in-line filter) x ____ cycle(s) (max 3 cycles)**

<u>Infusion rate for cycle 2 onwards: Physician to determine rate of infusion</u>

If no reaction in the previous infusion or reaction is Grade 2 or less:

☐ Start at 200 mL/h. If no infusion - related reactions after 30 minutes, infuse the remainder at 450 mL/h (Rapid infusion)

OR If reaction in the previous infusion is Grade 3:

☐ Start at 100 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/h every 60 minutes to a maximum rate of 200 mL/h. Refer to protocol for modified starting rate if previous infusion reactions were experienced during infusion rate of greater than or equal to 100 mL/h (Slow infusion)

Vitals monitoring:

Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion (vitals and observation post-infusion not required after 3 treatments with no reaction).

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

DATE:

RETURN APPOINTMENT ORDERS

For Cycles 3 to 8 book chemo on days 1, 8, 15, 22

For Cycles 9 and subsequent, book chemo on day 1

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

☐ Return in **eight** weeks for Doctor and Cycles _____ and _____. Book chemo x 2 cycles.

☐ Return in **twelve** weeks for Doctor and Cycles _____, _____ and _____. Book chemo x 3 cycles

☐ 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

Day 1: CBC & Diff, platelets, sodium, potassium, creatinine, calcium, ALT, bilirubin, Serum Protein Electrophoresis and Serum Free Light Chain Levels

☐ **Day 1**: Immunoglobulin panel (IgA, IgG, IgM)
☐ **Day 1**: Urine protein electrophoresis

Cycles 2 to 4: Day 15: CBC & Diff, platelets

☐ Sodium, Potassium
☐ ALT
☐ Bilirubin
☐ Creatinine
☐ See general orders sheet for additional requests
☐ Other tests:
☐ Consults

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