



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

PROTOCOL CODE: MYDARBD (subcut)

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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

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 day of treatment

Proceed with all medications for entire cycle as written, if within 96 hours of Day 1: **ANC greater than or equal to $0.5 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$, total bilirubin less than or equal to 1.5 x upper limit of normal, and eGFR or creatinine clearance per protocol**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

☐ **CYCLOPHOSPHAMIDE – Cycles 1 to 8 (☐ Cycle 9 onwards optional)**

☐ cyclophosphamide 500 mg PO once weekly in the morning on Days 1, 8, 15, and 22. Dispense _____ cycles.

OR

☐ cyclophosphamide _____ mg PO once weekly in the morning on Days _____. Dispense _____ cycles.

OR

☐ cyclophosphamide 50 mg PO once in the morning every 2 days for _____ doses. Dispense _____ cycles

BORTEZOMIB – Cycles 1 to 8

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

bortezomib ☐ 1.5 mg/m² or ☐ 1.3 mg/m² or ☐ 1 mg/m² or ☐ 0.7 mg/m² or ☐ 0.5 mg/m² (select one) 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 1 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 ☐ 100 mg or ☐ _____ 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:

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

Insert a peripheral IV and saline lock for Cycle 1 Day 1 only for use in the event of a hypersensitivity reaction.

DARATUMUMAB

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

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

dexamethasone as ordered in steroid section

montelukast 10 mg PO prior to daratumumab on Cycle 1 Day 1

☐ **montelukast 10 mg** 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 # 1, Days 1, 8, 15 and 22:**

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

☐ **CYCLE # 2, Days 1, 8, 15 and 22:**

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

☐ **CYCLES 3 to 4, Days 1 and 15:**

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

☐ **CYCLES 5 to 8, Day 1:**

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

☐ **CYCLE 9 onwards, Day 1:**

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

x ____ cycle(s) (max 3 cycles)

*Observe patient for 1 hour after administration on Day 1 of Cycle 1 only. For patients switching from IV daratumumab, observe for 30 minutes after the first subcutaneous dose. Observation not required on subsequent doses unless requested by physician. Vital signs immediately prior to and at the end of injection, and at end of observation period of first injection only, and as needed.

NB: During treatment with subcutaneous daratumumab, administer other subcutaneous drugs at alternative injection sites whenever possible

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RETURN APPOINTMENT ORDERS

For Cycles 1 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).

CBC & Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis and serum free light chain levels every 4 weeks

- ☐ Urine protein electrophoresis every 4 weeks
- ☐ Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks
- ☐ Beta-2 microglobulin every 4 weeks
- ☐ CBC & Diff Days 8, 15, 22
- ☐ Creatinine, sodium, potassium Days 8, 15, 22
- ☐ Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22
- ☐ Random glucose Days 8, 15, 22
- ☐ Calcium, albumin Days 8, 15, 22
- ☐ HBV viral load prior to next cycle
- ☐ See general orders sheet for additional requests
- ☐ Other tests:
- ☐ Consults

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: