# PROTOCOL CODE: MYDARCBDF (IV Cycle 1)



## 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 #: 1**

****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 **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**
- If CBC prior to day 1 show ANC less than 1.5 x $10^9$/L or platelets less than 100 x $10^9$/L then:
  - May proceed with bortezomib Days 8, 15, 22 as written, if within 48 hours **ANC greater than or equal to 0.5 x $10^9$/L, platelets greater than or equal to 30 x $10^9$/L**
- 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 $10^9$/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**

**cyclophosphamide 300 mg/$m^2$/day** x BSA x (_____%) = _____mg PO weekly on days 1, 8, 15, and 22

(round to nearest 25 mg)

### BORTEZOMIB

- 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/$m^2$** *(select one)* x BSA =_____ mg subcutaneous injection weekly on days 1, 8, 15 and 22

| **DOCTOR'S SIGNATURE:** | **SIGNATURE:**<br>**UC:** |
|---|---|

**DATE:**

**STEROID:** RN to use patient's therapeutic steroid as pre-med for daratumumab - refer to protocol.

**Standard Regimen:** daratumumab full dose administered on Cycle 1 Day 1

☐ **dexamethasone** ☐ **40 mg or** ☐ **20 mg** PO before daratumumab on days 1, 8, 15 and 22
*OR*
☐ **predniSONE 100 mg** PO before daratumumab on days 1, 8, 15, and 22

*OR*

**Alternative Regimen:** daratumumab split dose administered on Cycle 1 Day 1 and Day 2

☐ **dexamethasone 20 mg** PO before daratumumab on days 1 and 2, and **40 mg** before daratumumab on days 8, 15, 22
*OR*
☐ **dexamethasone 20 mg** PO before daratumumab on days 1 and 2 and **20 mg** before daratumumab on days 8, 15, 22
*OR*
☐ **predniSONE 50 mg** PO before daratumumab on days 1 and 2, and **predniSONE 100 mg** before daratumumab on days 8, 15, 22

****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 10 mg** PO prior to daratumumab on Day 1 (and Day 2 if on alternative regimen)

☐ **montelukast 10 mg** PO prior to daratumumab on Days 8, 15 and 22

**acetaminophen 650 mg** PO prior to each daratumumab. Repeat **acetaminophen 650 mg** PO every 4 hours x 1 dose during infusion on day 1 of cycle 1 only, then 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** ☐ PO or ☐ IV every 4 hours x 1 dose during the infusion on day 1 of cycle 1 only, then **diphenhydrAMINE 50 mg** IV every 4 hours when needed

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**DATE:**

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

**Standard regimen**: daratumumab full dose administered on Cycle 1 Day 1

☐ **CYCLE 1, Day 1:**

**daratumumab (First dose) 16 mg/kg x** _____ kg = _____mg IV in 1000 mL NS (use 0.2 micron in-line filter)

***OR***

**Alternative regimen**: daratumumab split dose administered on Cycle 1 Day 1 and Day 2

☐ **CYCLE 1, Days 1 and 2**

**daratumumab 8 mg/kg x** _____ kg = _____mg IV in 500 mL NS (use 0.2 micron in-line filter)

**Infusion rate for Day 1, (and Day 2, if Alternative regimen):**

Start at 50 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
If BP falls to less than 80/50 mmHg or pulse increases to greater than 120 or if flushing, dyspnea, chills, rash, pruritis, vomiting, chest pain, throat tightness, cough, wheezing, or any other new acute discomfort occurs, stop daratumumab infusion and page physician.

**Vitals monitoring:**
Vital signs immediately before the start of infusion, then every 30 minutes x 4, then every 1-2 hours until the end of infusion and at 30 minutes post infusion. Observe patient for 30 minutes after each daratumumab infusion.

**CYCLE 1, Day 8**:
**daratumumab 16 mg/kg** x _____ kg = _____mg IV in 500 mL NS (use 0.2 micron in-line filter)

**Infusion rate: Physician to determine rate of infusion**

***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 50 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 (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

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|---|---|

**DATE:**

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

**DARATUMUMAB continued**

**CYCLE 1, Days 15 and 22**

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

**Infusion rate for Days 15 and 22: Physician to determine rate of infusion**

***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).

**RETURN APPOINTMENT ORDERS**

☐ STANDARD REGIMEN: For Cycle 1, book chemo on days 1, 8, 15 and 22

☐ ALTERNATIVE REGIMEN: For Cycle 1, book chemo on days 1, 2, 8, 15 and 22

For Cycle 2 book chemo on days 1, 8, 15, 22

Return in **four** weeks for Doctor and Cycle 2

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

Red Blood Cell phenotype and Group and Screen prior to cycle 1

**Cycles 1 and 2:**

**Day 1**: CBC & diff, platelets, sodium, potassium, creatinine, calcium, ALT, bilirubin, serum protein electrophoresis, serum free light chain levels

If clinically indicated: ☐ immunoglobulin panel ☐ urine protein electrophoresis

CBC & Diff, platelets on Day 8 and 22 for current cycle if on Day 1 ANC is less than 1.5 or Platelets are less than 100:

☐ **CBC & Diff, platelets** prior to Day 8 and 22 treatment

**Day 15:** CBC & Diff, platelets

If clinically indicated: ☐ sodium, potassium ☐ ALT ☐ bilirubin ☐ creatinine

☐ See general orders sheet for additional requests

☐ Other tests:

☐ Consults

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**UC:**