



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

## PROTOCOL CODE: MYDARCBDF (IV Cycle 1)

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### DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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** 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

☐ 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

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

bortezomib ☐ **1.5 mg/m<sup>2</sup>** or ☐ **1.3 mg/m<sup>2</sup>** or ☐ **1 mg/m<sup>2</sup>** or ☐ **0.7 mg/m<sup>2</sup>** or ☐ **0.5 mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg  
subcutaneous injection weekly on Days 1, 8, 15 and 22

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## PROTOCOL CODE: MYDARCBDF (IV Cycle 1)

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DATE:

**STERIOD:** 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

- 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 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 when needed if IV infusion exceeds 4 hours

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

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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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# **PROTOCOL CODE: MYDARCBDF (IV Cycle 1)**

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<b>DATE:</b>	
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>	
<b>DARATUMUMAB continued</b> <b>CYCLE 1, Days 15 and 22</b> daratumumab 16 mg/kg x _____ kg = _____ mg IV in 500 mL NS (use 0.2 micron in-line filter)	
<b><u>Infusion rate for Days 15 and 22: Physician to determine rate of infusion</u></b> <i>If no reaction in the previous infusion or reaction is Grade 2 or less:</i> <input type="checkbox"/> Start at 200 mL/h. If no infusion-related reactions after 30 minutes, infuse the remainder at 450 mL/h (Rapid infusion) <b>OR</b> <i>If reaction in the previous infusion is Grade 3:</i> <input type="checkbox"/> 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)	
<b>Vitals monitoring:</b> 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).	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> STANDARD REGIMEN: For Cycle 1, book chemo on Days 1, 8, 15 and 22 <input type="checkbox"/> 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 <b>four</b> weeks for Doctor and Cycle 2	
<b>CBC &amp; Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis <u>and</u> serum free light chain levels every 4 weeks</b> <input type="checkbox"/> Urine protein electrophoresis every 4 weeks <input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks <input type="checkbox"/> Beta-2 microglobulin every 4 weeks <input type="checkbox"/> CBC & Diff Days 8, 15, 22 <input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22 <input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22 <input type="checkbox"/> Random glucose Days 8, 15, 22 <input type="checkbox"/> Calcium, albumin Days 8, 15, 22 <input type="checkbox"/> <b>HBV viral load prior to next cycle</b> <input type="checkbox"/> See general orders sheet for additional requests <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b> <b>UC:</b>