



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: MYDARCBDF (IV Cycle 2+)

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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 2 to 9

☐ 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 2 to 9

- 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 2 to 9

☐ 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

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****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 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)

☐ **CYCLES 3 to 6, Days 1 and 15:**

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

☐ **CYCLES 7 to 9, Day 1:**

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

☐ **CYCLE 10 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)

Infusion rate for cycle 2 onwards: 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).

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DATE:	
RETURN APPOINTMENT ORDERS	
<p>For Cycles 3 to 9 book chemo on Days 1, 8, 15, 22 For Cycles 10 and subsequent, book chemo on Day 1</p> <p><input type="checkbox"/> Return in four weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Return in eight weeks for Doctor and Cycles _____ and _____. Book chemo x 2 cycles.</p> <p><input type="checkbox"/> Return in twelve weeks for Doctor and Cycles _____, _____ and _____. Book chemo x 3 cycles</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p>CBC & 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</p> <p><input type="checkbox"/> Urine protein electrophoresis every 4 weeks</p> <p><input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks</p> <p><input type="checkbox"/> Beta-2 microglobulin every 4 weeks</p> <p><input type="checkbox"/> CBC & Diff Days 8, 15, 22</p> <p><input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22</p> <p><input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22</p> <p><input type="checkbox"/> Random glucose Days 8, 15, 22</p> <p><input type="checkbox"/> Calcium, albumin Days 8, 15, 22</p> <p><input type="checkbox"/> HBV viral load</p> <p><input type="checkbox"/> See general orders sheet for additional requests</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: