

PROTOCOL CODE: MYMPBOR

Page 1 of 2

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:

- Delay treatment _____ week(s)
- CBC & Diff, Platelets, Creatinine, ALT, Bilirubin on day of treatment
 - CBC on day of treatment
- May proceed with bortezomib dose day 1 as written, if within 96 hours **ANC greater than or equal to $0.5 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$, bilirubin less than or equal to 1.5 x upper limit of normal**
 - If CBC prior to day 1 show ANC less than $1.5 \times 10^9/L$ or platelets less than $100 \times 10^9/L$ then:
 - May proceed with bortezomib Day 8, 15, 22 as written, if within 96 hours **ANC greater than or equal to $0.5 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$**
 - May proceed with melphalan dose as written, if within 96 hours day 1 **ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$ and creatinine clearance greater than 50 mL/min**
 - If substituting for melphalan, may proceed with cyclophosphamide dose as written, for entire cycle, if within 96 hours day 1 **ANC greater than $1.0 \times 10^9/L$, platelets greater than $80 \times 10^9/L$ and creatinine clearance greater than or equal to 10 mL/min**
- Dose modification for: Hematology Other Toxicity: _____
- Proceed with treatment based on blood work from _____**

TREATMENT:

- 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 for 4 weeks after discontinuation

bortezomib 1.3 mg /m² or 1 mg/m² or 0.7 mg/m² (select one) x BSA = _____ mg
SC injection **weekly** on days 1, 8, 15, 22

melphalan 9 mg/m²/day x BSA x (_____ %) = _____ mg PO daily x 4 days on days 1 to 4
(round to nearest 2 mg)

predniSONE 60 mg/m²/day x BSA = _____ mg PO daily x 4 days on days 1 to 4
(round dose to nearest 25 mg, available in 50 mg and 5 mg tablets)

cyclophosphamide (IF SUBSTITUTING CYCLOPHOSPHAMIDE FOR MELPHALAN):

cyclophosphamide 300 mg/m²/day x BSA x (_____ %) = _____ mg PO **weekly** on days 1, 8, 15, 22 and 29
(round to nearest 25 mg)

And Adjust Steroid

Refer to Protocol for other suggested steroid dosing options. Weekly dexamethasone at various dosing is a common alternative.

Cycles 1 and 2:

*predniSONE 100 mg PO in morning on alternate days

OR

dexamethasone _____ mg PO in morning on days _____ of each cycle

Cycles 3 and onward: of each cycle

predniSONE 50 mg PO in morning on alternate days of each cycle

OR

dexamethasone _____ mg PO in morning on days _____ of each cycle

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: MYMPBOR

Page 2 of 2

Date:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <u>five</u> weeks for Doctor and Cycle _____. Book chemo on days 1, 8, 15 and 22.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin prior to Day 1 of each cycle</p> <p>Day 1: <input type="checkbox"/> Serum Protein Electrophoresis and/or <input type="checkbox"/> Serum Free Light Chain Levels (SELECT APPROPRIATE)</p> <p>CBC & Diff, Platelets on Day 8, 15 and 22 for current cycle if ANC on Day 1 is less than 1.5 or Platelets are less than 100</p> <input type="checkbox"/> CBC & Diff, Platelets prior to Day 8, 15 and 22 treatment <p>Other tests:</p> <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: