

PROTOCOL CODE: MYMPBOR

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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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

- May proceed with bortezomib, predniSONE and cyclophosphamide (if using) 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 $1.5 \times$ upper limit of normal, and creatinine clearance as per protocol**
- 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 as per protocol**

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

Proceed with treatment based on blood work from _____

TREATMENT:

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

bortezomib ☐ **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 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 500 mg** PO once weekly in the morning on Days 1, 8, 15, 22, and 29. 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

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:

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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).	
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 prior to Day 1 each cycle <input type="checkbox"/> Urine protein electrophoresis prior to Day 1 of each cycle <input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) prior to Day 1 of each cycle <input type="checkbox"/> Beta-2 microglobulin prior to Day 1 of each cycle <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"/> HBV viral load prior to next cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: