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.

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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, 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 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/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 10⁹/L or platelets less than 100 x 10⁹/L then:
    o May proceed with bortezomib Day 8, 15, 22 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L
  • May proceed with melphalan dose as written, if within 96 hours day 1 ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/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 or equal to 1.0 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/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 (circle one) x BSA =__________ mg
SC injection on day 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
(available in 50 mg and 5 mg tablets)

cyclophosphamide (IF SUBSTITUTING CYCLOPHOSPHAMIDE FOR MELPHALAN):
cyclophosphamide 300 mg/m²/day x BSA x (__________%) = __________mg PO daily 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.

*predniSONE 100 mg PO in morning with food on alternate days for 2 cycles then predniSONE 50 mg on alternate days (circle one dose) of each cycle
   OR
   dexamethasone ________ mg PO in morning with food on days ______________________________ (write in) of each cycle

DOCTOR'S SIGNATURE: ____________________________ SIGNATURE: ____________________________

UC: ____________________________

BC Cancer Provincial Preprinted Order MYMPB0R
Created: 1 Dec 2009 Revised: 1 Mar 2019
### RETURN APPOINTMENT ORDERS

- **Date:** 
- **PROTOCOL CODE:** MYMPBOR

<table>
<thead>
<tr>
<th>Return in five weeks for Doctor and Cycle</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Book chemo on days 1, 8, 15 and 22.</td>
<td></td>
</tr>
<tr>
<td>Last Cycle. Return in ______ week(s).</td>
<td></td>
</tr>
</tbody>
</table>

**CBC & Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin** prior to Day 1 of each cycle

**Day 1:** Serum Protein Electrophoresis *and/or* Serum Free Light Chain Levels (CIRCLE APPROPRIATE)

**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

- **CBC & Diff, Platelets** prior to Day 8, 15 and 22 treatment

**Other tests:**

- **Consults:**

- **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order MYMPBOR

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