**PROTOCOL CODE: UMYCARLD**

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Patient RevAid #______________

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________cm Wt_________kg BSA_________m²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REMINDER:</strong></td>
<td>Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
</tr>
<tr>
<td>DATE:</td>
<td>To be given: Cycle #:</td>
</tr>
<tr>
<td>Date of Previous Cycle:</td>
<td></td>
</tr>
<tr>
<td>Risk Category:</td>
<td>☐ Female of Childbearing Potential (FCBP) Rx valid 7 days</td>
</tr>
<tr>
<td>Risk Category:</td>
<td>☐ Male or Female of non Childbearing Potential (NCBP)</td>
</tr>
<tr>
<td>☐ Delay treatment ________ week(s)</td>
<td></td>
</tr>
<tr>
<td>☐ CBC &amp; Diff. Platelets day of treatment</td>
<td></td>
</tr>
<tr>
<td>• May proceed with carfilzomib day 1 doses as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 10 x 10⁹/L, CrCl as per protocol</td>
<td></td>
</tr>
<tr>
<td>• May proceed with carfilzomib day 8 and 15 doses as written (if day 8 labs ordered) if within 48 hours ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 10 x 10⁹/L, CrCl as per protocol</td>
<td></td>
</tr>
<tr>
<td>• May proceed with lenalidomide doses as written, if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 30 x 10⁹/L, eGFR as per protocol</td>
<td></td>
</tr>
<tr>
<td>Dose modification for: ☐ Hematology: ___________________ ☐ Other Toxicity: ___________________</td>
<td></td>
</tr>
<tr>
<td>Proceed with treatment based on blood work from ___________________</td>
<td></td>
</tr>
</tbody>
</table>

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________.

If dexamethasone not given as part of the treatment regimen, 30 minutes prior to carfilzomib if using dexamethasone:

☐ dexamethasone 4 mg PO OR ☐ dexamethasone 4 mg IV in NS 50 mL over 15 minutes

☐ Other: ____________________

**PREHYDRATION:**

Cycle 1:
Pre-hydration: 250 mL NS IV over 30 minutes
Cycle 2 onward (optional):
☐ 250 mL NS IV over 30 minutes

**DOCTOR’S SIGNATURE:**

Physician RevAid ID: ____________________

**SIGNATURE:**

UC: ____________________

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**DOCTOR’S ORDERS**

**DATE:**

**CHEMOTHERAPY:**

**LENALIDOMIDE**

- lenalidomide* ______mg PO daily, in the evening, on days 1 to 21 and off for 7 days
- lenalidomide* ______mg PO ________________________________

MITTE: (*available as 25 mg, 20mg, 15 mg, 10 mg, 5 mg and 2.5 mg capsules)

*Note: Use one capsule strength for the total dose; there are cost implications as costing is per capsule and not weight based

- FCBP dispense 21 capsules (1 cycle)
- For Male and Female NCBP: Mitte:_______capsules. Maximum 63 capsules (3 cycles).
- Pharmacy to dispense one cycle at a time

**Physician to assure DVT prophylaxis in place: aspirin or Warfarin or LMWH**

**DEXAMETHASONE**

- dexamethasone [ ] 40 mg or [ ] 20 mg PO once weekly, in the morning, on days 1, 8, 15 and 22
  - x ________ doses OR number of 28 day cycles____
- dexamethasone ______mg PO ________________________________,
  - in the morning, x ________ doses OR number of 28 day cycles ________
- predniSONE ______mg PO ________________________________,
  - in the morning, x _____doses
- No Steroid

*Refer to Protocol for steroid dosing options

**CARFILZOMIB**

If patient is VZV seropositive and/or at physician’s clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on carfilzomib and for four weeks after discontinuation

- **CYCLE 1:**
  - carfilzomib 20 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 10 minutes on days 1 and 2
  - carfilzomib 27 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 10 minutes on days 8, 9, 15 and 16
  - *(cap BSA at 2.2)
  - Vital signs prior to EACH carfilzomib infusion
  - For Cycle 1 only, observe patient for one hour following each carfilzomib infusion

- **CYCLE 2-12:**
  - carfilzomib 27 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 10 minutes on days 1, 2, 8, 9, 15 and 16
  - *(cap BSA at 2.2)
  - Vital signs prior to EACH carfilzomib infusion

- **CYCLE 13-18:**
  - carfilzomib 27 mg/m2 x BSA* = _____ mg IV in 100 mL D5W over 10 minutes on days 1, 2, 15 and 16
  - *(cap BSA at 2.2)
  - Vital signs prior to EACH carfilzomib infusion

**POST HYDRATION (Optional): [ ] 250 mL NS IV over 30 minutes**

**DOCTOR’S SIGNATURE:**

Physician Revaid ID:  

**SIGNATURE:**

Physician UC:  

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## DATE:

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Cycle #1 to 12, book chemo on days 1, 2, 8, 9, 15 and 16</td>
</tr>
<tr>
<td>For Cycle #13 to 18, book chemo on days 1, 2, 15 and 16</td>
</tr>
<tr>
<td>☐ Return in <strong>four</strong> weeks for Doctor and Cycle ________</td>
</tr>
<tr>
<td>☐ Last Cycle. Return in _______ week(s).</td>
</tr>
</tbody>
</table>

**Laboratory:** Blood work done prior to next cycle must be done less than or equal to 4 days prior to the start date

**Cycle 1:**
- **Day 1:** Urea, magnesium, alkaline phosphatase, ALT, serum bilirubin, albumin, total protein
- **Day 1:** Serum Protein Electrophoresis **and/or** Serum Free Light Chain Levels (CIRCLE APPROPRIATE)
- **Day 1, 8, 15:** CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, uric acid

**Cycles 2 and subsequent cycles:**
- **Day 1:** Urea, magnesium, alkaline phosphatase, ALT, serum bilirubin, albumin, total protein
- **Day 1:** Serum Protein Electrophoresis **and/or** Serum Free Light Chain Levels (CIRCLE APPROPRIATE)
- **Day 1 and 15:** CBC & Diff, platelets, creatinine, sodium, potassium, calcium, phosphate, glucose, uric acid

**TSH Every three months**
- ☐ Pregnancy blood test for FCBP 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1
- ☐ Pregnancy blood test for FCBP, every 4 weeks, less than or equal to 7 days prior to the next cycle
- ☐ See general orders sheet for additional requests
- ☐ Other tests:
- ☐ Consults:

## DOCTOR'S SIGNATURE:

[Signature]

## UC:

[Signature]

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