

PROTOCOL CODE: UMYDARBD (Cycle 2+)
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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
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****					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment					
<ul style="list-style-type: none"> • Proceed with bortezomib dose day 1 as written, if within 96 hours (or within 48 hours for day 15) ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal • Proceed with cyclophosphamide dose (if using) as written, for entire cycle, if day 1 lab is within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L and CrCl greater than or equal to 10 mL/min • Proceed with daratumumab day 1 dose as written, if within 96 hours (or within 48 hours for day 15) ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L 					
Dose modification for: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
CHEMOTHERAPY:					
<input type="checkbox"/> CYCLOPHOSPHAMIDE – Cycles 2 to 8 (<input type="checkbox"/> Cycle 9 onwards optional)					
cyclophosphamide 300 mg/m ² /day x BSA x (_____ %) = _____ mg PO weekly on days 1, 8, 15 of a 28 day cycle (maximum dose 500 mg and round to nearest 25 mg)					
BORTEZOMIB – Cycles 2 to 8					
<ul style="list-style-type: none"> • 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/or daratumumab and for four weeks after discontinuation 					
bortezomib <input type="checkbox"/> 1.3 mg/m ² or <input type="checkbox"/> 1 mg/m ² or <input type="checkbox"/> 0.7 mg/m ² x BSA = _____ mg SC 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 8 (<input type="checkbox"/> Cycle 9 onwards optional)					
<input type="checkbox"/> dexamethasone <input type="checkbox"/> 40 mg or <input type="checkbox"/> 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, <i>OR</i>					
<input type="checkbox"/> 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, <i>OR</i>					
<input type="checkbox"/> 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					
<input type="checkbox"/> No steroid					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	

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****Have Hypersensitivity Reaction Tray and Protocol Available****

DARATUMUMAB

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/or daratumumab and for 4 weeks after discontinuation

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

dexamethasone as ordered in steroid section

montelukast 10mg PO prior to each daratumumab

acetaminophen 650 mg PO prior to each daratumumab. Repeat acetaminophen every 4 hours when needed for fever

Select one of the following:

diphenhydrAMINE 50 mg PO or IV prior to each daratumumab. Repeat **diphenhydramine 50 mg** IV every 4 hours when needed

OR

loratadine 10mg PO prior to each daratumumab, then **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)

CYCLE 3 to 4, Days 1 and 15:

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

CYCLE 5 onwards, Day 1:

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

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 (observation not required after 3 treatments with no reaction).

DOCTOR'S SIGNATURE:

SIGNATURE:
UC:



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

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RETURN APPOINTMENT ORDERS

For Cycles 3 to 8 book chemo on days 1, 8, 15, 22

For Cycles 9 and subsequent, book chemo on day 1

Return in **four** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

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

Day 1: CBC & Diff, platelets, sodium, potassium, creatinine, calcium, ALT, bilirubin

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

Cycles 2 to 4: Day 15: CBC & Diff, platelets

Sodium, Potassium

ALT

bilirubin

Creatinine

See general orders sheet for additional requests

Other tests:

Consults

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: