PROTOCOL CODE: UMYDARBD (Cycle 2+)

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

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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Date of Previous Cycle: ____________________________________________

****Ensure Red Blood Cell Phenotype and Group and Screen for all patients prior to Cycle 1****

- □ Delay treatment _______ week(s)
- □ CBC & Diff, Platelets day of treatment
  - 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 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 ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L

Dose modification for: □ Hematology: ___________________ □ Other Toxicity: ___________________

Proceed with treatment based on blood work from ______________________________________

### CHEMOTHERAPY:

- □ CYCLOPHOSPHAMIDE – Cycle 2 onwards

  cyclophosphamide 300 mg/m²/day x BSA x (__________%) = __________mg PO daily on days 1, 8, 15 of a 28 day cycle (maximum dose 500 mg and round to nearest 25 mg)

### BORTEZOMIB – Cycles 2-8

- 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 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 and 22

### DOCTOR’S SIGNATURE:

| SIGNATURE: |
| UC: |
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.

## PROTOCOL CODE: UMYDARBD (Cycle 2+)

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<table>
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<tr>
<th><strong>CYCLES 2 to 8</strong></th>
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- **DEXAMETHASONE:**
  - **40 mg PO weekly group** – Pharmacy dispense dexamethasone 20 mg in the morning on days _____________ OR
  - **20 mg PO weekly group** – Pharmacy dispense dexamethasone 20 mg in the morning on days 1,8,15,22 OR
  - ______ mg PO weekly therapeutic dose- Pharmacy dispense dexamethasone ______ mg in the morning on days 1, 8, 15, 22 OR
  - Prednisone ______ mg PO (minimum 100mg) in the morning on days 1, 8, 15, 22 OR
  - No Steroid – Pharmacy dispense dexamethasone 8 mg PO in the morning with food on days _____________ OR
  - RN to give half the weekly prednisone dose pre-daratumumab and inform patient to take the remaining dose the next day on days of daratumumab infusion OR

<table>
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<tr>
<th><strong>CYCLE 9 onward</strong></th>
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- **DEXAMETHASONE:**
  - **40 mg PO weekly group** – Pharmacy dispense dexamethasone 20 mg PO in the morning on days 1 and 2 OR
  - **20 mg PO weekly group** – Pharmacy dispense dexamethasone 20 mg PO in the morning on day 1 OR
  - ______ mg PO weekly group- Pharmacy dispense dexamethasone ______ mg PO in the morning on day 1 OR
  - Prednisone ______ mg (minimum 100mg) PO in the morning on day 1 OR
  - No Steroid – Pharmacy dispense dexamethasone 8 mg PO in the morning with food on day 2 OR
  - RN to give 20 mg dexamethasone PO/IV (circle one) pre-daratumumab on day 1 OR

***TOP up doses provided by RN pre-daratumumab infusion (for patients on therapeutic dexamethasone dose of 20 mg or less) from Cycle 2 onwards: ***

- dexamethasone ______ mg PO/IV (circle one) (to top up to 20 mg) on days ________________

**Supportive dexamethasone doses if therapeutic dexamethasone is 20 mg or less (pharmacy to provide):**

- dexamethasone 8 mg PO in the morning with food on days ________________

***Refer to table 1 in protocol and dexamethasone table in Appendix for steroid dosing***

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BC Cancer Protocol Summary UMYDARBD
Activated: 1 Feb 2019
Revised: 1 July 2019 (cycle 2+)
DATE:

**Have Hypersensitivity Reaction Tray and Protocol Available**

DARATUMUMAB

DARATUMUMAB PREMEDICATIONS:
Patient to take own supply dispensed by pharmacy. RN/Pharmacist to confirm ________________________.

60 minutes prior to daratumumab
1. Ensure patient has taken dexamethasone dose as ordered in dexamethasone section
2. Ensure patient has taken 10mg montelukast
   acetaminophen 650 mg PO prior to each daratumumab. Repeat acetaminophen every 4 hours when needed for fever
   diphenhydramine 25-50 mg PO/IV prior to each daratumumab. Repeat diphenhydramine every 4 hours when needed
   for allergic reaction

Nursing requirements:
Start at 100 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/hour every 60 minutes to a
maximum rate of 200 mL/hour. 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

Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after
infusion.

DARATUMUMAB continued

☐ 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 3-4, 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 and subsequent, Day 1:
   daratumumab 16 mg/kg x __________ kg = __________ mg
   IV in 500 mL NS (use 0.2 micron in-line filter)

DOCTOR'S SIGNATURE:                      SIGNATURE:

UC:
Return Appointment Orders

Ensure patient is aware to take dexamethasone, montelukast, acetaminophen and diphenhydramine 60 minutes prior to infusion.

For Cycles 2 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 (CIRCLE APPROPRIATE)

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

☐ Sodium, Potassium ☐ ALT ☐ Creatinine ☐ bilirubin

☐ See general orders sheet for additional requests
☐ Other tests:
☐ Consults

**Doctor's Signature:**

**Signature:**

**UC:**