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: GITREMDUR

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)

May proceed with doses as written if within 96 hours **ALT** **less than or equal to** 3 times the upper limit of normal, **total bilirubin** **less than or equal to** 1.5 times the upper limit of normal**, creatinine** **less than or equal to** 1.5 times the upper limit of normal *and* **less than or equal to** 1.5 times baseline.

Proceed with treatment based on blood work from ________________________

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

For prior infusion reaction to tremelimumab or durvalumab:

☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment

☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment

☐ **hydrocortisone 25 mg** IV 30 minutes prior to treatment

****Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

☐ **Cycle 1:**

Vital signs immediately before the start of tremelimumab infusion, at 30 minutes into the infusion, at end of infusion, and as needed

tremelimumab 300 mg
IV in 50 mL NS over 60 minutes using a 0.2 micron in-line filter*

durvalumab 20 mg/kg x ______kg = ________ **mg (max. 1500 mg)**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter*

* Use separate infusion line and filter for each drug

Patients to be observed for one hour from end of durvalumab infusion.

☐ **Cycles 2 onwards:**

durvalumab 20 mg/kg x ______kg = ________ **mg (max. 1500 mg) every 4 weeks**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter

No observation required if no prior infusion-related reaction to durvalumab

Continued on page 2

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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PROTOCOL CODE: GITREMDUR

DATE:

☐ **Cycle ___**

One time only, Cycle 5 or later. For one-time tremelimumab retreatment with durvalumab. Maximum 2 doses tremelimumab per patient.

tremelimumab 300 mg
IV in 50 mL NS over 60 minutes using a 0.2 micron in-line filter*

durvalumab 20 mg/kg x ______ kg = ________ **mg (max. 1500 mg)**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter*

* Use separate infusion line and filter for each drug

Vital signs immediately before the start of tremelimumab infusion, at 30 minutes into the infusion, at end of infusion, and as needed

No observation required if no prior infusion-related reaction to tremelimumab or durvalumab

RETURN APPOINTMENT ORDERS

☐ Return in **four weeks** for Doctor and Cycle # ______.
☐ Last cycle. Return in ______ week(s).

CBC & Diff, platelets, creatinine, sodium, potassium, total bilirubin, ALT, INR, TSH prior to each treatment

If clinically indicated:

☐ **ECG** ☐ **chest x-ray** ☐ **AFP**
☐ **serum hCG or** ☐ **urine hCG – required for woman of childbearing potential**
☐ **free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol**
☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH**
☐ **random glucose** ☐ **alkaline phosphatase** ☐ **albumin**
☐ **creatine kinase** ☐ **troponin**
☐ **Weekly nursing assessment**
☐ **Other consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**