PROTOCOL CODE: GIGAJDFLOD

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment

Cycles 1 to 4:
May proceed with durvalumab dose as written if within 72 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 the baseline.**

May proceed with chemotherapy doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10^9/L and platelets greater than or equal to 100 x 10^9/L.**

Cycle 5 onward:
May proceed with durvalumab dose 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.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO prior to treatment during neoadjuvant and adjuvant combination phase

dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment during neoadjuvant and adjuvant combination phase; patient must receive 3 doses prior to treatment (omit on treatment day if below dexamethasone IV premedication ordered)

For prior durvalumab infusion reaction:
☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to durvalumab
☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to durvalumab
☐ **hydrocortisone 25 mg** IV 30 minutes prior to durvalumab

☐ For prior oxaliplatin hypersensitivity reactions (Grade 1 or 2):
45 minutes prior to oxaliplatin: **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes
30 minutes prior to oxaliplatin: **diphenhydrAMINE 50 mg** IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible)

NO ice chips
do NOT use frozen gloves

For patients with prior durvalumab and oxaliplatin reaction, administer oxaliplatin premedications prior to durvalumab

☐ **Other:** Patient to receive a prescription of filgrastim (G-CSF) (to be given once daily x 5 doses starting on Day 3 and Day 17)

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

DATE:

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

TREATMENT:

☐ **Neoadjuvant and Adjuvant Combination Phases (Cycles 1 to 4):**

durvalumab and DOCEtaxel line to be primed with NS; oxaliplatin and leucovorin lines to be primed with D5W

durvalumab 20 mg/kg x _____kg = _____ mg (**max. 1500 mg)** on **Day 1**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter

Pharmacist to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
durvalumab		

DOCEtaxel 50 mg/m² x BSA =_____mg **on Days 1 and 15**
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 100 to 250 mL (non-DEHP bag) NS over 60 minutes (Use non-DEHP tubing)

oxaliplatin 85 mg/m² x BSA = _____ mg **on Days 1 and 15**
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL D5W over 2 hours*

leucovorin 200 mg/m² x BSA = _____ mg IV in 250 mL D5W over 2 hours* **on Days 1 and 15**
*oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site

fluorouracil 2600 mg/m²/day x BSA = _____ mg over 24 hours
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV over 24 hours in D5W to a total volume of 240 mL by continuous infusion at 10 mL/h via Baxter LV10 INFUSOR **on Days 1 and 15**

☐ **Adjuvant Monotherapy Phase (Cycles 5 onward):**

durvalumab 20 mg/kg x _____kg = _____ mg (**max. 1500 mg)** on **Day 1**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter

Pharmacist to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
durvalumab		

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DATE:

RETURN APPOINTMENT ORDERS

- ☐ Return in **two** weeks (assessment prior to Cycle 1 Day 15 treatment) and **four** weeks for Doctor and Cycle 2. Book treatment on Days 1 and 15.
- ☐ Return in **two** weeks for assessment prior to Cycle 2 Day 15 treatment.
- ☐ Last pre-op treatment. Return in _____ weeks for Doctor and Cycle 3 (post-op). Book treatment on Days 1 and 15.
- ☐ Return in **two** weeks (assessment prior to Cycle 3 Day 15 treatment) and **four** weeks for Doctor and Cycle 4. Book treatment on Days 1 and 15.
- ☐ Return in **two** weeks (assessment prior to Cycle 4 Day 15 treatment) and **four** weeks for Doctor and Cycle 5. Book treatment on Day 1.
- ☐ Return in **four** weeks for Doctor and Cycle _____ (Cycle 6 onward). Book treatment on Day 1.
- ☐ Book filgrastim (G-CSF) subcutaneous teach and first dose on Cycle ____ Day ____
- ☐ Last Cycle. Return in _____ week(s).

CBC & Diff, creatinine, sodium, potassium, total bilirubin, ALT, TSH prior to Day 1 of each cycle

CBC & Diff, creatinine, total bilirubin, ALT prior to Day 15 of Cycles 1 to 4

If clinically indicated: ☐ **ECG** ☐ **chest x-ray**
☐ **CEA** ☐ **CA19-9** ☐ **morning serum cortisol** ☐ **lipase** ☐ **random glucose**
☐ **creatine kinase** ☐ **troponin** ☐ **serum ACTH levels** ☐ **free T3 and free T4**
☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH**
☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT**
☐ **INR** weekly ☐ **INR** prior to each cycle
☐ **serum hCG or** ☐ **urine hCG** – required for women of childbearing potential
☐ **Weekly nursing assessment for (specify concern): _____**
☐ **Book for PICC assessment/insertion per Centre process**
☐ **Book for IVAD insertion per Centre process**
☐ **Weekly PICC dressing change**
☐ **filgrastim (G-CSF) Prescription written** (consider Pharmacare Special Authority)
☐ **Other tests:**
☐ **Other consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DURVALUMAB DOSE BANDING TABLE (20 mg/kg capped at 1500 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 369		**Pharmacy prepares specific dose**
369	440.49	**400**
440.5	475.49	**450**
475.5	555.49	**500**
555.5	666.49	**600**
666.5	777.49	**700**
777.5	888.49	**800**
888.5	999.49	**900**
999.5	1099.49	**1000**
1099.5	1199.49	**1100**
1199.5	1299.49	**1200**
1299.5	1399.49	**1300**
1399.5	1499.49	**1400**
1499.5	1500	**1500**