

PROTOCOL CODE: GOCXCPNBP

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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:													
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff on day of treatment													
<p>May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, 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, 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, BP less than or equal to 150/100, and urine dipstick for protein negative or 1+.</p> <p>Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____</p> <p>Proceed with treatment based on blood work from _____</p>													
<p>PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.</p> <p>For prior pembrolizumab infusion reaction:</p> <input type="checkbox"/> diphenhydramine 50 mg PO 30 minutes prior to pembrolizumab <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to pembrolizumab <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to pembrolizumab													
<p>dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">AND select ONE of the following:</td> <td style="width: 5%; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> </table>					AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin
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	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin											
<p>If additional antiemetic required:</p> <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin <input type="checkbox"/> Other:													
Continued on page 2													
DOCTOR'S SIGNATURE:				SIGNATURE:									
				UC:									

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DATE:

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

TREATMENT:

pembrolizumab 2 mg/kg x _____ kg = _____ mg (**maximum 200 mg**)

IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

PACLitaxel NAB 260 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² = _____ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter*)

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
PACLitaxel NAB		

CARBOplatin AUC 5 x (GFR + 25) x = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

Blood pressure measurement pre-bevacizumab dose.

bevacizumab **15 mg/kg** or _____ mg/kg (*select one*) x _____ kg = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

(Blood pressure measurement post-bevacizumab infusion for first 3 cycles)

Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last pages of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
bevacizumab			

* use separate infusion line and filter for each drug

DOCTOR'S SIGNATURE:

**SIGNATURE:
UC:**

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DATE:	
RETURN APPOINTMENT ORDERS	
Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in three weeks for GOCXBP or GOCXBP6 (to continue pembrolizumab with or without bevacizumab)	
<p>CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH, dipstick or laboratory urinalysis for protein, blood pressure measurement prior to each cycle.</p> <input type="checkbox"/> 24-hour urine for total protein within 3 days prior to next bevacizumab dose if 2+ or 3+ dipstick or greater than or equal to 1 g/L laboratory urinalysis for protein	
If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> chest x-ray	
<input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of childbearing potential <input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <input type="checkbox"/> random glucose <input type="checkbox"/> GGT <input type="checkbox"/> creatine kinase <input type="checkbox"/> troponin <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> CA125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Weekly nursing assessment for (specify concern): _____ <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.	
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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PEMBROLIZUMAB DOSE BANDING TABLE (2 mg/kg capped 200 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 70		Pharmacy prepares specific dose
70	80.49	75
80.5	92.49	85
92.5	110.49	100
110.5	137.49	125
137.5	162.49	150
162.5	187.49	175
187.5	200	200



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PACLitaxel NAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose

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Bevacizumab Dose Banding Table

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 188		Pharmacy prepares specific dose
188	221.49	200
221.5	236.49	225
236.5	260.49	250
260.5	286.49	275
286.5	332.49	300
332.5	387.49	350
387.5	443.49	400
443.5	474.49	450
474.5	554.49	500
554.5	665.49	600
665.5	776.49	700
776.5	887.49	800
887.5	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	1599.49	1500
1599.5	1699.49	1600
1699.5	1799.49	1700
1799.5	1899.49	1800
1899.5	1999.49	1900
1999.5	2099.49	2000
2099.5	2199.49	2100
2199.5	2299.49	2200
2299.5	2399.49	2300
More than 2399.49		Pharmacy prepares specific dose