

**PROTOCOL CODE: GOEAVDCAT**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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

May proceed with PACLitaxel and CARBOplatin as written if within 96 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L**

May proceed with dostarlimab as written if within 96 hours 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

Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply of oral medications. RN/Pharmacist to confirm \_\_\_\_\_.

**CYCLES 1 to 6:**

- No prior infusion reaction to dostarlimab: administer premedications as sequenced below  
**45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL NS over 15 minutes  
**30 minutes prior to PACLitaxel: 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)
- Prior infusion reaction to dostarlimab: administer PACLitaxel premedications prior to dostarlimab  
**45 minutes prior to dostarlimab: dexamethasone 20 mg IV** in 50 mL NS over 15 minutes  
**30 minutes prior to dostarlimab: 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)
- acetaminophen 325 to 975 mg PO** 30 minutes prior to dostarlimab

AND select ONE of the following:	<input type="checkbox"/>	<b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg PO</b> 30 to 60 minutes prior to CARBOplatin

If additional antiemetic required:

- OLANZapine**  **2.5 mg** or  **5 mg** or  **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

**CYCLE 7 to 29:**

For prior dostarlimab infusion reaction:

- 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
- Other:

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**DOCTOR'S SIGNATURE:**

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**UC:**

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

**TREATMENT:**

Cycle \_\_\_\_\_ (Cycles 1 to 6):

**dostarlimab 500 mg IV in 100 mL NS over 30 minutes using a 0.2 micron in-line filter\* on Day 1**

**PACLitaxel**  175 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg **on Day 1**

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use Non DEHP tubing with 0.2 micron in-line filter\*)

**CARBOplatin AUC**  6 *or*  5 (select one) x (GFR + 25) = \_\_\_\_\_ mg **on Day 1**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

\* use separate infusion line and filter for each drug

Cycle \_\_\_\_\_ (Cycles 7 to 29):

**dostarlimab 1000 mg IV in 100 mL NS over 30 minutes using a 0.2 micron in-line filter on Day 1 every 6 weeks**

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_ (Cycles 1 to 6)

Return in **three** weeks for Doctor and Cycle 7

Return in **six** weeks for Doctor and Cycle \_\_\_\_\_ (Cycles 8 to 29)

Last Cycle. Return in \_\_\_\_\_ week(s)

**CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH** prior to each cycle.

If clinically indicated:

ECG  chest x-ray

serum HCG or  urine HCG – required for woman of childbearing potential

free T3 and free T4  lipase  morning serum cortisol  random glucose

magnesium  calcium  creatine kinase  LDH  GGT  troponin

serum ACTH levels  testosterone  estradiol  FSH  LH

CA 125  CA 15-3  CA 19-9  CEA

Weekly nursing assessment for (specify concern): \_\_\_\_\_

Other consults

See general orders sheet for additional requests.

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**UC:**