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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUAVPGCEM

(Cycles 1 to 6)

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)
☐ **CBC & Diff** day of treatment

Day 1:
May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin), 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.**

Day 8:
May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____
Proceed with treatment based on blood work from _____

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

dexamethasone 8 mg or **12 mg** (circle one) PO 30 to 60 minutes prior to treatment on Day 1

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment on Day 1
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment on Day 1
	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment on Day 1

If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment on Day 1

For prior infusion reaction to cemiplimab:
☐ **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:

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

HYDRATION:
1000 mL NS over 60 minutes prior to CISplatin

Continued on page 2

DOCTOR'S SIGNATURE: **SIGNATURE:**

UC:

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PROTOCOL CODE: LUAVPGCEM

(Cycles 1 to 6)

DATE:

TREATMENT: CARBOplatin line to be primed with D5W (compatible with both NS and D5W)

cemiplimab 350 mg
IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter **Day 1**

gemcitabine 1000 mg/m^2 x BSA = _____ mg
☐ Dose Modification: (_____%) = _____mg/m^2 x BSA = _____mg
IV in 250 mL D5W over 30 minutes on **Day 1 and Day 8**

For moderate vascular pain during gemcitabine peripheral administration:
250 mL D5W at maximum rate of 125 mL/h concurrently with gemcitabine PRN
OR ☐ 500 mL D5W at maximum rate of 250 mL/h concurrently with gemcitabine PRN

Select one:

☐ **CISplatin 75 mg/m^2/day** x BSA = _____ mg.
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 500 mL NS, with potassium chloride 20 mmol, magnesium sulfate 1 g and mannitol 30 g over 60 minutes **Day 1**

OR

☐ **CARBOplatin AUC 5 x (GFR + 25)** = _____ mg IV in 100 to 250 mL NS over 30 minutes **Day 1**
☐ Dose Modification: _____% = _____ mg

DOSE MODIFICATION FOR DAY 8

gemcitabine 1000 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 250 mL D5W over 30 minutes

For moderate vascular pain during gemcitabine peripheral administration:
250 mL D5W at maximum rate of 125 mL/h concurrently with gemcitabine PRN
OR ☐ 500 mL D5W at maximum rate of 250 mL/h concurrently with gemcitabine PRN

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book treatment Day 1 & 8
☐ Return in **three** weeks for Doctor and Cycle _____. Book maintenance Day 1
☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to Day 1

CBC & Diff, creatinine prior to Day 8

If clinically indicated: ☐ **ECG** ☐ **chest x-ray**

☐ **serum HCG or** ☐ **urine HCG** – required for women of childbearing potential
☐ **free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol**
☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH**
☐ **random glucose** ☐ **troponin** ☐ **creatine kinase**
☐ **Weekly nursing assessment**
☐ **Other consults**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: