



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

PROTOCOL CODE: LUAVPPDT

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DOCTOR'S ORDERSHt _____ 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

May proceed with tremelimumab and durvalumab 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 the baseline.**

May proceed with pemetrexed, CARBOplatin, CISplatin as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, and creatinine clearance greater than or equal to 45 mL/min (for pemetrexed and CARBOplatin), or greater than or equal to 60 mL/minute (for CISplatin)**

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

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
☐ **Other:**

Cycles 1 to 4:

dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to CISplatin (or CARBOplatin, if using)

AND select ONE of the following:	☐	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin (or CARBOplatin, if using), and ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin (or CARBOplatin, if using)
	☐	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes to CISplatin (or CARBOplatin, if using)
	☐	ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin (or CARBOplatin, if using)

If additional antiemetic required:

- ☐ **OLANzapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CISplatin (or CARBOplatin, if using)

Ensure patient is taking **folic acid** and has had **vitamin B12** injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose

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DATE:
****Have Hypersensitivity Reaction Tray & Protocol Available****
HYDRATION:

1000 mL NS over 60 minutes prior to CISplatin

TREATMENT: (Cycles 1 to 4 are given every 3 weeks)
☐ **Cycles 1 to 4:**

For 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 75 mg

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

Patients to be observed for one hour from end of tremelimumab infusion in Cycle 1. No observation required in subsequent cycles if no infusion-related reaction in Cycle 1.

durvalumab 20 mg/kg x _____ kg = _____ mg (maximum 1500 mg)

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		

* Use separate infusion line and filter for each drug

pemetrexed 500 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

CISplatin 75 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 500 mL NS, with potassium chloride 20 mmol, magnesium sulphate 1 g and mannitol 30 g over 60 minutes

OR
☐ **CARBOplatin AUC 5 x (GFR + 25) = _____ mg**
☐ Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

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

TREATMENT continued: (Cycle 5 given 3 weeks after Cycle 4, subsequent cycles every 4 weeks)

☐ **Cycle 5:**

durvalumab 20 mg/kg x _____ kg = _____ mg (maximum 1500 mg)

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		

pemetrexed 500 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

☐ **Cycle 6:**

tremelimumab 75 mg

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

durvalumab 20 mg/kg x _____ kg = _____ mg (maximum 1500 mg)

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		

* Use separate infusion line and filter for each drug

pemetrexed 500 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

☐ **Cycle 7 onward:**

durvalumab 20 mg/kg x _____ kg = _____ mg (maximum 1500 mg)

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		

* Use separate infusion line and filter for each drug

pemetrexed 500 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

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DATE:
TREATMENT continued: (Retreatment doses given every 4 weeks)
☐ **Cycle _____: For tremelimumab retreatment with durvalumab. Maximum 9 tremelimumab doses per patient.**
tremelimumab 75 mg

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

durvalumab 20 mg/kg x _____ kg = _____ mg (maximum 1500 mg)

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		

* Use separate infusion line and filter for each drug

pemetrexed 500 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

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 **three** weeks for Doctor and Cycle _____ (Cycles 1 to 5).
☐ Return in **four** weeks for Doctor and Cycle _____ (Cycles 6 onward).
☐ Last Cycle. Return in _____ week(s)

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

Vitamin B12 injection required every 9 weeks. Patient to obtain supply.

☐ This patient to receive injection in clinic. Next injection due by _____.

If clinically indicated: ☐ **ECG** ☐ **chest x-ray**
☐ **morning serum cortisol** ☐ **lipase** ☐ **random glucose** ☐ **free T3 and free T4**
☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH**
☐ **serum HCG** or ☐ **urine HCG** (select one) – required for women of childbearing potential

☐ **Weekly nursing assessment for (specify concern):** _____

☐ **Other consults**
☐ **See general orders sheet for additional requests.**
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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