



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: LUMMPPMB (Cycles 1 to 6)

DATE:

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 (may be given during prehydration)

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

pemetrexed 500 mg/m² x BSA = _____ mg

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

IV in 100 mL NS over 10 minutes (may be given during prehydration)

Select one:

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 or 6 (select one) x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _____. (Cycles 1 to 6)
- Return in **three** weeks for Doctor and Cycle _____. (Cycle 7 onward, pembrolizumab monotherapy)
- 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**

serum HCG or **urine HCG** (select one) – required for woman of childbearing potential

free T3 and free T4 **lipase** **morning serum cortisol** **serum ACTH levels**

random glucose **troponin** **creatinine kinase**

testosterone **estradiol** **FSH** **LH**

Other tests:

Weekly nursing assessment for (specify concern): _____

Other consults

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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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