



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: LUMMPPMB (Cycles 7 plus)

## DOCTOR'S ORDERS

Wt \_\_\_\_\_ kg

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

To be given:

Cycle #(s):

Date of Previous Cycle:

Delay treatment \_\_\_\_\_ week(s)

May proceed with pembrolizumab 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**

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

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

For prior infusion reaction to pembrolizumab:

- 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:**

### TREATMENT (3-weekly option or 6-weekly option):

Select one:

**3-weekly option**       Repeat in three weeks

**pembrolizumab 2 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (**maximum 200 mg**) on Day 1 every 3 weeks

IV in 50 mL NS over 30 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
pembrolizumab		

OR

**6-weekly option**

**pembrolizumab 4 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (**maximum 400 mg**) on Day 1 every 6 weeks

IV in 50 mL NS over 30 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
pembrolizumab		

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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**(Cycles 7 plus)**

<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p><b>3-weekly option:</b></p> <p><input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book for 1 cycle.</p> <p><input type="checkbox"/> Return in <b>six weeks</b> for Doctor and Cycle #s _____ and _____. Book for 2 cycles.</p> <p><b>6-weekly option:</b></p> <p><input type="checkbox"/> Return in <b>six weeks</b> for Doctor and Cycle _____. Book for 1 cycle.</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s)</p>	
<p><b>CBC &amp; Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each treatment</p> <p>If clinically indicated: <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>chest x-ray</b></p> <p><input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> (select one) – required for woman of childbearing potential</p> <p><input type="checkbox"/> <b>free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b> <input type="checkbox"/> <b>serum ACTH levels</b></p> <p><input type="checkbox"/> <b>random glucose</b> <input type="checkbox"/> <b>troponin</b> <input type="checkbox"/> <b>creatinine kinase</b></p> <p><input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Weekly nursing assessment for (specify concern):</b> _____</p> <p><input type="checkbox"/> <b>Other consults</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>

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**(Cycles 7 plus)**

**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	<b>75</b>
80.5	92.49	<b>85</b>
92.5	110.49	<b>100</b>
110.5	137.49	<b>125</b>
137.5	162.49	<b>150</b>
162.5	187.49	<b>175</b>
187.5	200	<b>200</b>

**PEMBROLIZUMAB DOSE BANDING TABLE (4 mg/kg capped 400 mg)**

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 137.5		Pharmacy prepares specific dose
137.5	162.49	<b>150</b>
162.5	187.49	<b>175</b>
187.5	221.49	<b>200</b>
221.5	242.49	<b>225</b>
242.5	264.49	<b>250</b>
264.5	284.49	<b>275</b>
284.5	332.49	<b>300</b>
332.5	374.49	<b>350</b>
374.5	400	<b>400</b>