



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: LUNAPGPMB

### Neoadjuvant Phase

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#### 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 gemcitabine, CISplatin CARBOplatin as written if within 48 hours **ANC greater than or equal to  $1.0 \times 10^9/L$ , platelets greater than or equal to  $100 \times 10^9/L$ , creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin)**

May proceed with pembrolizumab 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. 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 <b>ONE</b> of the following:	<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1, and <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Day 1
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment on Day 1
	<input type="checkbox"/>	<b>ondansetron 8 mg</b> 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 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:

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

#### HYDRATION:

1000 mL NS over 1 hour prior to CISplatin

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**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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**DATE:**

**TREATMENT:**

**pembrolizumab 2 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg (max. 200 mg)**

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

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

**gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

☐ Dose Modification: ( \_\_\_\_\_ %) = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on **Day 1 and Day 8**

**CISplatin 75 mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg**

☐ Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour **Day 1**

**OR**

**CARBOplatin AUC 5 x (GFR + 25) = \_\_\_\_\_ mg IV in 100 to 250 mL NS over 30 minutes **Day 1****

### DOSE MODIFICATION FOR DAY 8

**gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

☐ Dose Modification: ( \_\_\_\_\_ %) = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes

### RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo Day 1 and 8.

☐ Return in \_\_\_\_\_ week(s) for post-operative visit and Cycle 5 (adjuvant phase). Book chemo Day 1.

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

**CBC & Diff, creatinine** prior to Day 8

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

☐ **serum HCG** or ☐ **urine HCG** – required for woman of child bearing potential

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

☐ **random glucose** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **creatinine kinase**

☐ **Weekly nursing assessment**

☐ **Other consults**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

**PROTOCOL CODE: LUNAPGPMB**  
**Neoadjuvant Phase**

**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>