

PROTOCOL CODE: LYAVDNIV

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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

May proceed with nivolumab 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 X baseline.

May proceed with DOXOrubicin, vinBLASTine and dacarbazine on Day 1 if within 96 hours **ANC greater than or equal to 0.6 x 10⁹/L. No delays for Day 15 bloodwork.**

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** (select one) PO 30 to 60 minutes prior to treatment
and select ONE of the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to treatment
ondansetron 8 mg PO 30 to 60 minutes prior to treatment |
| <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment |

If prior infusion reaction to nivolumab:

- ☐ **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
- ☐ **hydrocortisone 100 mg** IV prior to etoposide
☐ **diphenhydrAMINE 50 mg** IV prior to etoposide
☐ **Other:** _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

DOXOrubicin 25 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV push **Day 1** and **Day 15**.

vinBLASTine 6 mg/m² x BSA = _____ mg
☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in 50 mL NS over 15 minutes on **Day 1** and **Day 15**.

dacarbazine 375 mg/m² x BSA = _____ mg IV in 500 mL NS over 1 to 2 hours **Day 1** and **Day 15**.

*****continued on page 2*****

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UC:

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DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****
TREATMENT: (continued)

nivolumab 3 mg/kg x _____ kg = _____ mg (max. 240 mg)

IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter on **Day 1** and **Day 15**.

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
nivolumab		

If cardiac dysfunction:

Omit DOXOrubicin.

Give etoposide 25 mg/m² x BSA = _____ mg

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

IV in 100 to 500 mL NS (non-DEHP bag) over 45 minutes (use non-DEHP tubing with 0.2 micron in-line filter) on **Day 1** and **Day 15**. Use separate line and filter for etoposide and nivolumab.

And etoposide 50 mg/m² x BSA x (_____ %) = _____ mg PO on **Day 2** and **Day 3** and **Day 16** and **Day 17**. (Round dose to nearest 50 mg)

If total bilirubin greater than 85 micromol/L:

Omit DOXOrubicin.

Give cyclophosphamide 375 mg/m² x BSA = _____ mg IV in 100 to 250 mL over 30 minutes to 1 hour on **Day 1** and **Day 15**.

RETURN APPOINTMENT ORDERS

- ☐ Return in four weeks for Doctor and Cycle _____. Book chemo Day 1 and 15.
- ☐ Last Cycle. Return in _____ week(s).

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

If clinically indicated:

- ☐ ECG ☐ chest X-ray ☐ echocardiogram ☐ MUGA
- ☐ morning serum cortisol ☐ lipase ☐ Free T3 and free T4
- ☐ serum ACTH levels ☐ testosterone ☐ estradiol ☐ FSH ☐ LH
- ☐ serum HCG or ☐ urine HCG – required for woman of child-bearing potential
- ☐ random glucose ☐ C-reactive protein ☐ creatine kinase ☐ troponin
- ☐ BNP ☐ HBV viral load
- ☐ weekly nursing assessment
- ☐ Other tests:
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

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NIVOLUMAB DOSE BANDING TABLE (1-3mg/kg capped at 240 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 36		Pharmacy prepares specific dose
43.5	51.49	48
51.5	60.49	56
60.5	69.49	66
69.5	77.49	74
77.5	87.49	80
88.5	95.49	90
95.5	109.49	100
109.5	131.49	120
131.5	153.49	140
153.5	175.49	160
175.5	197.49	180
197.5	219.49	200
219.5	239.49	220
239.5	240	240