BC CANCER
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 and according to acceptable standards of care

PROTOCOL CODE: MYDBLDF (subcut)
Induction Phase (Cycles 1 to 4)

Patient RevAid #____________

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: ____

Risk Category: ☐ **Female of Childbearing Potential (FCBP) Rx valid for 7 days**

Risk Category: ☐ **Male or Female of non-Childbearing Potential (NCBP)**

****Ensure Red Blood Cell Phenotype **and Group and Screen** for all patients prior to Cycle 1****

A referral to the Leukemia/BMT Program of BC must be made at the start of the first cycle or shortly after for planning purposes.

☐ Delay treatment _________ week(s)

☐ **CBC & Diff** day of treatment

Proceed with all medications for entire cycle as written, if within 96 hours of Day 1: **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, and eGFR or creatinine clearance as per protocol**

Dose modification for: ☐ **Hematology:** __________________ ☐ **Other Toxicity:** _________________________

Proceed with treatment based on blood work from ______________________________

LENALIDOMIDE

One cycle = 28 days

- Ensure antiviral VZV prophylaxis is in place

☐ **lenalidomide*** ______**mg** PO daily, in the evening, on Days 1 to 21 and off for 7 days

☐ **lenalidomide*** ______ **mg** PO ____

MITTE: (*available as 25 mg, 20mg, 15 mg, 10 mg, 5 mg and 2.5 mg capsules)

*Note: Use one capsule strength for the total dose; there are cost implications as costing is per capsule and not weight based

☐FCBP dispense 21 capsules (1 cycle)

☐For Male and Female NCBP:

Mitte: _______capsules or ________ cycles. Maximum 63 capsules (3 cycles).

Pharmacy to dispense one cycle at a time, maximum 3 cycles if needed

Physician to ensure DVT prophylaxis in place: ☐ **ASA,** ☐ **Warfarin,** ☐ **low molecular weight heparin,** ☐ **direct oral anticoagulant or** ☐ **none** (select one)

Pharmacy Use for Lenalidomide dispensing:

Part Fill # 1

RevAid confirmation number: ____________

Lenalidomide lot number: ____________

Pharmacist counsel (initial): ____________

Part Fill # 2

RevAid confirmation number: ____________

Lenalidomide lot number: ____________

Pharmacist counsel (initial): ____________

Part Fill # 3

RevAid confirmation number: ____________

Lenalidomide lot number: ____________

Pharmacist counsel (initial): ____________

Special Instructions

DOCTOR'S SIGNATURE:

Physician Revaid ID:

SIGNATURE:

UC:

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 and according to acceptable standards of care

PROTOCOL CODE: MYDBLDF (subcut)
Induction Phase (Cycles 1 to 4)

DATE:

STEROID (select one)* RN to use patient's therapeutic steroid (if applicable) as pre-med for daratumumab

☐ **dexamethasone** ☐ **40 mg** or ☐ **20 mg** PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning *x* _____ doses OR number of 28 day cycles_____ *OR*
☐ **dexamethasone ________mg** PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning x _____ doses OR number of 28 day cycles_____ *OR*
☐ **predniSONE ________mg** PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning x _____ doses OR number of 28 day cycles_____ *OR*
☐ No Steroid
*Refer to Protocol for suggested dosing options

****Have Hypersensitivity Reaction Tray and Protocol Available****
Insert a peripheral IV and saline lock for Cycle 1 Day 1 only for use in the event of a hypersensitivity reaction.

DARATUMUMAB PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm__________________

- Ensure antiviral VZV prophylaxis is in place

If no reaction after 4 consecutive doses of daratumumab, may discontinue acetaminophen, loratadine/diphenhydrAMINE and montelukast

dexamethasone as ordered in steroid section
montelukast 10 mg PO prior to daratumumab on Cycle 1 Day 1
☐ **montelukast 10 mg** PO prior to each daratumumab dose
acetaminophen 650 mg PO prior to each daratumumab dose
Select one of the following:
☐ **loratadine 10 mg** PO prior to each daratumumab dose
OR
☐ **diphenhydrAMINE 50 mg** ☐ PO or ☐ IV prior to each daratumumab dose

TREATMENT:

☐ **CYCLES 1 and 2:**
daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes* on **Days 1, 8, 15 and 22**

bortezomib ☐ **1.5 mg/m²** or ☐ **1.3 mg/m²** or ☐ **1 mg/m²** or ☐ **0.7 mg/m²** or ☐ **0.5 mg/m²** (select one*)* x BSA =_____ mg **subcutaneously** into abdomen or thigh on **Days 1, 8, 15, and 22**

☐ **CYCLES 3 and 4:**
daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes* **on Days 1 and 15**

bortezomib ☐ **1.5 mg/m²** or ☐ **1.3 mg/m²** or ☐ **1 mg/m²** or ☐ **0.7 mg/m²** or ☐ **0.5 mg/m²** (select one*)* x BSA =_____ mg **subcutaneously** into abdomen or thigh on **Days 1, 8, 15, and 22**

*Observe patient for 1 hour after administration on Day 1 of Cycle 1 only. Observation not required on subsequent doses unless requested by physician. Vital signs immediately prior to and at the end of injection, at end of observation period of first injection only, and as needed.

NB: Ensure daratumumab and bortezomib injections are administered at well-separated sites and rotated between administrations.

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

BC CANCER
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 and according to acceptable standards of care

PROTOCOL CODE: MYDBLDF (subcut)
Induction Phase (Cycles 1 to 4)

DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **four** weeks for Doctor and Cycle ______. Book treatment on Days 1, 8, 15 and 22. ☐ Return in _______ week(s) for pre-transplant assessment ☐ Return in _______ week(s) for ____________________	
CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, serum protein electrophoresis *and* serum free light chain levels every 4 weeks **TSH prior to Cycle 4** ☐ **Urine protein electrophoresis** every 4 weeks ☐ **Immunoglobulin panel (IgA, IgG, IgM)** every 4 weeks ☐ **Urea, sodium, potassium** every 4 weeks ☐ **CBC & Diff** Days 8, 15, 22 ☐ **Creatinine, sodium, potassium** Days 8, 15, 22 ☐ **Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22 ☐ **Calcium, albumin** Days 8, 15, 22 ☐ **Quantitative beta-hCG blood test for FCBP** 7-14 days and 24 h prior to Cycle 1 and every week for 4 weeks during Cycle 1 ☐ **Quantitative beta- hCG blood test for FCBP**, every 4 weeks, less than or equal to 7 days prior to the next cycle ☐ **HBV viral load** prior to next cycle ☐ **See general orders sheet for additional requests** ☐ **Other tests:** ☐ **Consults:**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**