



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: ULUAVPGPMB

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s)		
<input type="checkbox"/> CBC & Diff, Platelets day of treatment		
May proceed with doses as written if within 24 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), 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, bilirubin less than or equal to 1.5 times the upper limit of normal		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 ONE of the following:		
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1	
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1	
For prior infusion reaction to pembrolizumab:		
<input type="checkbox"/> diphenhydramine 50 mg PO 30 minutes prior to treatment		
<input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment		
<input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment		
<input type="checkbox"/> 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:

CHEMOTHERAPY:

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**

gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = _____ mg

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

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

CISplatin 75 mg/m²/day x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² 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 or 6 (circle one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes **Day 1**

(Reminder: if using CARBOplatin, must use gemcitabine 1000 mg/m²)

DOSE MODIFICATION FOR DAY 8

gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = _____ mg

☐ Dose Modification: (_____ %) = _____ mg/m² 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.

☐ Last Cycle. Return in _____ week(s)

CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment

CBC & Diff, Platelets, 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 ☐ Glucose

☐ serum ACTH levels ☐ testosterone ☐ estradiol ☐ FSH ☐ LH

☐ Weekly nursing assessment

☐ Other consults

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: