BC CAN CER
Provincial Health Services Authority

PROTOCOL CODE: MYBORMTN

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, Platelets** day of treatment

Proceed with bortezomib doses for entire cycle as written, if within 96 hours of Day 1 and 29: **ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L, total bilirubin less than or equal to 1.5 x upper limit of normal, and creatinine clearance as per protocol**

Dose modification for: ☐ **Hematology**   ☐ **Other Toxicity :** _____
Proceed with treatment based on blood work from _____

TREATMENT:
- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

bortezomib ☐ **1.3 mg /m²** or ☐ **1 mg/m²** or ☐ **0.7 mg/m²** or ☐ **0.5 mg/m²** (select one) x BSA =_____ mg

subcutaneous injection on Days 1, 15, 29 and 43

RETURN APPOINTMENT ORDERS

☐   Return in <u>eight</u> weeks for Doctor and Cycle _____.
      Book chemo on Days 1, 15, 29 and 43
☐   Last Cycle.   Return in _____ week(s).

CBC & Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis *and* serum free light chain levels every 4 weeks (prior to Day 1 and Day 29 of each cycle)
☐ **Urine protein electrophoresis** every 4 weeks
☐ **Immunoglobulin panel (IgA, IgG, IgM)** every 4 weeks
☐ **Beta-2 microglobulin** every 4 weeks
☐ **CBC & Diff, platelets** Days 15, 43
☐ **Creatinine, sodium, potassium** Days 15, 43
☐ **Total bilirubin, ALT, alkaline phosphatase** Days 15, 43
☐ **Random glucose** Days 15, 43
☐ **Calcium, albumin** Days 15, 43
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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