

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

## PROTOCOL CODE: GIAVDURPG

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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:						
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff, platelets day of treatment</li> </ul>						
May proceed with durvalumab as written if within 48 hours <b>ALT <u>less than or equal to</u> 3 times the upper limit of normal, total bilirubin<u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal, creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal and <u>less than or equal to</u> 1.5 times baseline.</b>						
May proceed with gemcitabine and CISplatin or CARBOplatin doses as written if within 48 hours <b>ANC</b> <u>greater than or</u> <u>equal to</u> 1.0 x 10 <sup>9</sup> /L, platelets <u>greater than or equal to</u> 100 x 10 <sup>9</sup> /L, creatinine clearance <u>greater than or equal to</u> 60 mL/min (if using CISplatin)						
Dose modification for:   Hematology		Other	Toxicity:			
Proceed with treatment based on blood work from						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
For prior durvalumab infusion reaction: diphenhydrAMINE 50 mg PO 30 minutes prior to durvalumab acetaminophen 325 to 975 mg PO 30 minutes prior to durvalumab hydrocortisone 25 mg IV 30 minutes prior to durvalumab CISplatin option:						
<ul> <li>dexamethasone 8 mg or 12 mg (select one) PO prior to treatment on Day 1 and 8 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and 8</li> <li>CARBOplatin option:</li> </ul>						
dexamethasone 🗌 8 mg or 🗌 12 mg (select one) PO prior to CARBOplatin						
AND select <b>ONE</b> of the <b>ONE</b> o						
following: aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin						
Instruction of the contraction of the contract						
If additional antiemetic required:						
☐ OLANZapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes prior to treatment						
☐ Other:						
Continued next page						
DOCTOR'S SIGNATURE:				SIC	GNATURE:	
				UC	:	



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DATE:						
**Have Hypersensitivity Reaction Tray and Protocol Available**						
TREATMENT:         durvalumab 20 mg/kg x kg = mg (max 1500 mg) on Day 1         IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter         gemcitabine 1000 mg/m²/day x BSA = mg         Dose Modification:% = mg/m²/day x BSA = mg         IV in 250 mL NS over 30 minutes on Day 1 and Day 8	)					
CISplatin 25 mg/m²/day x BSA = mg Dose Modification:% = mg/m²/day x BSA = mg IV in 100 to 250 mL NS IV over 30 minutes on Day 1 and Day 8 OR CARBOplatin AUC 5 x (GFR + 25) = mg IV in 100 to 250 mL NS over 30 minutes Day 1						
DOSE MODIFICATION IF REQUIRED ON DAY 8:						
gemcitabine 1000 mg/m²/day x BSA = mg Dose Modification:% = mg/m²/day x BSA = mg IV in 250 mL NS over 30 minutes on Day 8						
CISplatin 25 mg/m²/day x BSA = mg (not applicable if CARBOplatin Day 1) Dose Modification:% = mg/m²/day x BSA = mg IV in 100 to 250 mL NS IV over 30 minutes on Day 8	3					
RETURN APPOINTMENT ORDERS						
<ul> <li>Return in <u>three</u> weeks for Doctor and Cycle Book treatment Day 1 &amp; 8.</li> <li>Last cycle of chemotherapy and durvalumab. Return in <u>3 weeks</u> for Doctor and Cycle of durvalumab monotherapy. Use GIAVDUR4 PPO. Book treatment Day 1 only.</li> </ul>						
CBC & Diff, platelets, creatinine, sodium, potassium, total bilirubin, ALT, TSH prior to Day 1						
CBC & Diff, platelets, creatinine prior to Day 8						
If clinically indicated: ECG chest x-ray   serum hCG or urine hCG - required for woman of childbearing potential   free T3 and free T4 lipase   morning serum cortisol   serum ACTH levels testosterone   estradiol FSH   random glucose alkaline phosphatase   albumin GGT   creatine kinase troponin   CEA CA19-9   INR weekly INR prior to each cycle   weekly nursing assessment   Other tests:   Other consults:   See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:	SIGNATURE:					
	UC:					