



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: **GUAVPEMAX**

## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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)

During pembrolizumab and aXitinib combination treatment ONLY:  
May proceed with doses as written if within 96 hours **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, **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.  
**Proceed with treatment based on blood work from** \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

For prior pembrolizumab infusion reaction:

- 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

### TREATMENT:

Cycles 1 to 35 (pembrolizumab and aXitinib combination treatment)  
**pembrolizumab 2 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg (max. 200 mg)**  
IV in NS 50 mL over 30 minutes using a 0.2 micron in-line filter

**aXitinib**  **5 mg** or  \_\_\_\_\_ **mg** (select one) PO twice daily. Mitte:  21 days or \_\_\_\_\_ days.

Cycles 36 onwards (aXitinib treatment)

**aXitinib**  **5 mg** or  \_\_\_\_\_ **mg** (select one) PO twice daily. Mitte:  21 days or \_\_\_\_\_ days.

### RETURN APPOINTMENT ORDERS

- Return in **three weeks** for Doctor and Cycle \_\_\_\_\_
- Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_
- Last cycle. Return in \_\_\_\_\_ **week(s)**

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**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

**PROTOCOL CODE: GUAVPEMAX**

**Date:**

Cycles 1 to 35 (pembrolizumab and aXitinib combination treatment)

**CBC and diff, platelets, sodium, potassium, creatinine, ALT, alkaline phosphatase, total bilirubin, LDH, uric acid, TSH, urinalysis** prior to each cycle

If clinically indicated:

<input type="checkbox"/> serum HCG OR	<input type="checkbox"/> urine HCG (required for woman of child bearing potential)		
<input type="checkbox"/> free T3 and T4	<input type="checkbox"/> morning serum cortisol	<input type="checkbox"/> serum ACTH levels	
<input type="checkbox"/> FSH	<input type="checkbox"/> LH	<input type="checkbox"/> estradiol	<input type="checkbox"/> testosterone
<input type="checkbox"/> albumin	<input type="checkbox"/> GGT	<input type="checkbox"/> total protein	<input type="checkbox"/> lipase
<input type="checkbox"/> calcium	<input type="checkbox"/> phosphorus	<input type="checkbox"/> glucose	
<input type="checkbox"/> C-reactive protein	<input type="checkbox"/> creatine kinase	<input type="checkbox"/> troponin	
<input type="checkbox"/> MUGA scan OR	<input type="checkbox"/> echocardiogram	<input type="checkbox"/> ECG	<input type="checkbox"/> chest x-ray
<input type="checkbox"/> Weekly nursing assessment			

Cycles 36 onwards (aXitinib treatment)

**CBC and diff, platelets, creatinine, ALT, total bilirubin, uric acid, urinalysis** prior to each cycle

TSH prior to every other cycle

If clinically indicated:

- |  |   |                                       |   |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> sodium        | <input type="checkbox"/> potassium            | <input type="checkbox"/> calcium      | <input type="checkbox"/> phosphorus     |
| <input type="checkbox"/> albumin       | <input type="checkbox"/> alkaline phosphatase | <input type="checkbox"/> GGT          | <input type="checkbox"/> LDH            |
| <input type="checkbox"/> total protein | <input type="checkbox"/> TSH                  | <input type="checkbox"/> MUGA scan OR | <input type="checkbox"/> echocardiogram |

Other tests:

Other consults:

See general orders sheet for additional requests.

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