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PROTOCOL CODE: MYDARBD (IV Cycle 2+)

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: ____________________________________

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

☐ Delay treatment __________ week(s)

☐ **CBC & Diff**, **platelets** 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 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, total bilirubin less than or equal to 1.5 x upper limit of normal, and eGFR or creatinine clearance per protocol**

Dose modification for: ☐ **Hematology:** ____________________ ☐ **Other Toxicity:** ____________________________

Proceed with treatment based on blood work from _________________________________

CHEMOTHERAPY:

☐ **CYCLOPHOSPHAMIDE – Cycles 2 to 8 (☐ Cycle 9 onwards optional)**

☐ **cyclophosphamide 500 mg** PO once weekly in the morning on Days 1, 8, 15, and 22. Dispense ____ cycles.

OR

☐ **cyclophosphamide** _____ **mg** PO once weekly in the morning on Days ______________ Dispense ____ cycles.

OR

☐ **cyclophosphamide 50 mg** PO once in the morning every 2 days for _____ doses. Dispense ____ cycles

BORTEZOMIB – Cycles 2 to 8

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

bortezomib ☐**1.5 mg/m^2** or ☐**1.3 mg/m^2** or ☐**1 mg/m^2** or ☐**0.7 mg/m^2** or ☐**0.5 mg/m^2** *(select one)* x BSA =_______ mg subcutaneous injection weekly on Days 1, 8, 15, and 22

STEROID: RN to use patient's therapeutic steroid (if applicable) as pre-med for daratumumab - refer to protocol

Cycles 2 to 8 (☐ Cycle 9 onwards optional)

☐ **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, *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, *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

☐ No steroid

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

BC CANCER
Provincial Health Services Authority

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PROTOCOL CODE: MYDARBD (IV Cycle 2+)

DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

DARATUMUMAB

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

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

dexamethasone as ordered in steroid section

☐ **montelukast 10mg** PO prior to each daratumumab

acetaminophen 650 mg PO prior to each daratumumab. Repeat **acetaminophen 650 mg** PO every 4 hours when needed

Select one of the following:

☐ **loratadine 10 mg** PO prior to each daratumumab, then **diphenhydrAMINE 50 mg** IV every 4 hours when needed

OR

☐ **diphenhydrAMINE 50 mg** ☐PO or ☐ IV prior to each daratumumab. Repeat **diphenhydrAMINE 50 mg** IV every 4 hours when needed

DARATUMUMAB

☐**CYCLE 2, Days 1, 8, 15, and 22:**

daratumumab 16 mg/kg x __________ kg = ___________mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLE 3 to 4, Days 1 and 15:**

daratumumab 16 mg/kg x __________ kg = ___________mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLES 5 to 8, Day 1:**

daratumumab 16 mg/kg x __________ kg = ___________mg **IV in 500 mL NS (use 0.2 micron in-line filter)**

☐**CYCLE 9 onwards, Day 1:**

daratumumab 16 mg/kg x _____ kg = ______mg **IV in 500 mL NS (use 0.2 micron in-line filter) x ____ cycle(s) (max 3 cycles)**

Infusion rate for cycle 2 onwards: Physician to determine rate of infusion

If no reaction in the previous infusion or reaction is Grade 2 or less:

☐ Start at 200 mL/h. If no infusion - related reactions after 30 minutes, infuse the remainder at 450 mL/h (Rapid infusion)

OR If reaction in the previous infusion is Grade 3:

☐ Start at 100 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/h every 60 minutes to a maximum rate of 200 mL/h. Refer to protocol for modified starting rate if previous infusion reactions were experienced during infusion rate of greater than or equal to 100 mL/h (Slow infusion)

Vitals monitoring:

Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion (vitals and observation post-infusion not required after 3 treatments with no reaction).

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

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PROTOCOL CODE: MYDARBD (IV Cycle 2+)

DATE:

RETURN APPOINTMENT ORDERS

For Cycles 3 to 8 book chemo on Days 1, 8, 15, 22

For Cycles 9 and subsequent, book chemo on Day 1

☐ Return in **four** weeks for Doctor and Cycle _________

☐ Return in **eight** weeks for Doctor and Cycles _______ and _______. Book chemo x 2 cycles.

☐ Return in **twelve** weeks for Doctor and Cycles ________, ________ and ________. Book chemo x 3 cycles

☐ 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

☐ **Urine protein electrophoresis** every 4 weeks
☐ **Immunoglobulin panel (IgA, IgG, IgM)** every 4 weeks
☐ **Beta-2 microglobulin** every 4 weeks
☐ **CBC & Diff, platelets** Days 8, 15, 22
☐ **Creatinine, sodium, potassium** Days 8, 15, 22
☐ **Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22
☐ **Random glucose** Days 8, 15, 22
☐ **Calcium, albumin** Days 8, 15, 22
☐ See general orders sheet for additional requests
☐ Other tests:
☐ Consults

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