

**PROTOCOL CODE: MYMPBOR**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment					
<ul style="list-style-type: none"> <li>• May proceed with bortezomib, predniSONE and cyclophosphamide (if using) for entire cycle as written, if within 96 hours of Day 1: <b>ANC greater than or equal to <math>0.5 \times 10^9/L</math>, platelets greater than or equal to <math>50 \times 10^9/L</math>, total bilirubin less than or equal to <math>1.5 \times</math> upper limit of normal, and creatinine clearance as per protocol</b></li> <li>• May proceed with melphalan dose as written, if within 96 hours Day 1: <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, platelets greater than or equal to <math>100 \times 10^9/L</math> and creatinine clearance as per protocol</b></li> </ul>					
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____					
Proceed with treatment based on blood work from _____					
<b>TREATMENT:</b>					
<ul style="list-style-type: none"> <li>▪ Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily</li> </ul>					
<b>bortezomib</b> <input type="checkbox"/> 1.3 mg /m <sup>2</sup> or <input type="checkbox"/> 1 mg/m <sup>2</sup> or <input type="checkbox"/> 0.7 mg/m <sup>2</sup> or <input type="checkbox"/> 0.5 mg/m <sup>2</sup> (select one) x BSA = _____ mg subcutaneous injection on Days 1, 8, 15, 22					
<b>melphalan 9 mg/m<sup>2</sup>/day</b> x BSA x ( _____ %) = _____ mg PO daily x 4 days on Days 1 to 4 (round to nearest 2 mg)					
<b>predniSONE 60 mg/m<sup>2</sup>/day</b> x BSA = _____ mg PO daily x 4 days on Days 1 to 4 (round dose to nearest 25 mg, available in 50 mg and 5 mg tablets)					
<b>cyclophosphamide (IF SUBSTITUTING CYCLOPHOSPHAMIDE FOR MELPHALAN):</b>					
<input type="checkbox"/> <b>cyclophosphamide 500 mg</b> PO once weekly in the morning on Days 1, 8, 15, 22, and 29. Dispense _____ cycles.					
OR					
<input type="checkbox"/> <b>cyclophosphamide _____ mg</b> PO once weekly in the morning on Days _____ Dispense _____ cycles.					
OR					
<input type="checkbox"/> <b>cyclophosphamide 50 mg</b> PO once in the morning every 2 days for _____ doses. Dispense _____ cycles					
<b>And Adjust Steroid</b>					
Refer to protocol for other suggested steroid dosing options. <u>Weekly dexamethasone at various dosing is a common alternative.</u>					
<b>Cycles 1 and 2:</b>					
<input type="checkbox"/> *predniSONE 100 mg PO in morning on alternate days					
OR					
<input type="checkbox"/> dexamethasone _____ mg PO in morning on Days _____ of each cycle					
<b>Cycles 3 and onward: of each cycle</b>					
<input type="checkbox"/> predniSONE 50 mg PO in morning on alternate days of each cycle					
OR					
<input type="checkbox"/> dexamethasone _____ mg PO in morning on Days _____ of each cycle					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

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<b>Date:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <u>five</u> weeks for Doctor and Cycle _____. Book chemo on Days 1, 8, 15 and 22.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p><b>CBC &amp; Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis <u>and</u> serum free light chain levels</b> prior to Day 1 each cycle</p> <input type="checkbox"/> Urine protein electrophoresis prior to Day 1 of each cycle <input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) prior to Day 1 of each cycle <input type="checkbox"/> Beta-2 microglobulin prior to Day 1 of each cycle <input type="checkbox"/> CBC & Diff, platelets Days 8, 15, 22 <input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22 <input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22 <input type="checkbox"/> Random glucose Days 8, 15, 22 <input type="checkbox"/> Calcium, albumin Days 8, 15, 22 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>