



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 and according to acceptable standards of care.

PROTOCOL CODE: GUAVNIVC4

DOCTOR'S ORDERS Wt _____ kg

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)

May proceed with cabozantinib doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal**, and if ordered urine protein **less than 1 g/24 h**.

May proceed with nivolumab doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total 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 X baseline**.

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply of oral medication. RN/Pharmacist to confirm _____.

Antiemetics per protocol

For prior nivolumab 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 26 (nivolumab and cabozantinib combination treatment)

nivolumab 6 mg/kg x _____ kg = _____ mg (**max. 480 mg**) **every 4 weeks**

IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter.

cabozantinib 40 mg PO once daily

Dose modification:

- cabozantinib 20 mg** PO once daily
- cabozantinib 20 mg** PO once every other day

Mitte: 28 days

See page 2 for cabozantinib monotherapy

DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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DATE:

TREATMENT, continued:

Cycles 27 onwards (cabozantinib treatment)

cabozantinib 40 mg PO once daily

Dose modification:

cabozantinib 20 mg PO once daily

cabozantinib 20 mg PO once every other day

Mitte: 30 days. Repeat x _____ (after lab work)

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle # _____

Return in _____ weeks for Doctor and Cycle #s _____

Last cycle. Return in _____ **week(s)**

Cycles 1 to 26 (nivolumab and cabozantinib combination treatment)
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, dipstick urine OR laboratory urinalysis for protein, uric acid prior to each cycle

If clinically indicated:

24 hour urine protein within 4 days prior to next cycle for laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+

ECG **chest x-ray** **MUGA scan** or **echocardiogram**

serum HCG or **urine HCG** - required for women of childbearing potential

free T3 and free T4 **lipase** **morning serum cortisol** **random glucose**

serum ACTH levels **testosterone** **estradiol** **FSH** **LH**

calcium **magnesium** **total protein** **phosphate** **troponin**

INR **albumin** **GGT** **weekly nursing assessment**

Cycles 27 onwards (cabozantinib treatment)

CBC & Diff, creatinine, ALT, total bilirubin, uric acid, dipstick urine OR laboratory urinalysis for protein prior to each cycle

If clinically indicated:

24 hour urine protein within 4 days prior to next cycle for laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+

ECG **MUGA scan** or **echocardiogram**

sodium **potassium** **calcium** **magnesium** **phosphate** **TSH**

total protein **INR** **albumin** **GGT** **alkaline phosphatase** **LDH**

Other tests:

Other consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: