



Provincial Health Services Authority

Vancouver Cancer Centre

**PROTOCOL CODE: LYSMILE
(Inpatient)**

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 and according to acceptable standards of care

DAY	START DATE	CHEMOTHERAPY
1	_____	methotrexate 2 g/m ² IV
2 to 4	_____	dexamethasone 40 mg PO leucovorin 25 mg IV q6h x 4 doses, 24 hours post methotrexate initiation, followed by leucovorin 25 mg PO q6h until methotrexate level less than 0.1 micromol/L etoposide 100 mg/m ² IV mesna 1500 mg/m ² IV ifosfamide 1500 mg/m ² IV
5	_____	mesna 750 mg mg/m ² IV leucovorin 25 mg PO q6h until methotrexate level less than 0.1 micromol/L
6	_____	filgrastim 5 mcg/kg SC daily until ANC greater than 1 X 10 ⁹ /L
8	_____	pegaspargase 1500 to 2500 units/m ² IV or IM



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DOCTOR'S ORDERS	Ht _____ cm	Wt _____ kg	BSA _____ m ²
ALLERGY/ALERT: Reminder to Physicians: <i>Please ensure drug allergies and previous Bleomycin are documented on the Allergy and Alert Form.</i>			
Date/Time:	To be given:	Cycle #: _____ of _____	
Admit to inpatient bed			
Daily weights, intake / output			
EBV DNA load			
Referral to VGH thrombosis clinic (if needed) for pegaspargase specific low molecular weight heparin prophylaxis i.e., differs from inpatient standard admission order for heparin and low molecular weight heparin			
LABORATORY: <input type="checkbox"/> HbsAg and Hbcore Ab if not previously done			
On day of admission: CBC & Diff, creatinine, electrolytes panel, phosphate, albumin, bilirubin (direct and indirect), ALT, alkaline phosphatase, GGT, LDH, urine pH, triglycerides, amylase, lipase, random glucose, uric acid			
Daily: CBC & Diff, creatinine, electrolytes panel If clinically indicated: HBV viral load			
For methotrexate Urine pH immediately before treatment and every 6 hours during treatment At hour 48 (from start of methotrexate infusion), or morning of day 3, then daily in the morning: methotrexate level until methotrexate less than 0.1 micromol/L (note date and time of withdrawal as well as start time of infusion on specimen)			
Before pegaspargase dose and 48 hours afterwards: INR, PT, PTT, fibrinogen <ul style="list-style-type: none"> • If fibrinogen less than 1g/L, give 10 units of cryoprecipitate. Complete transfusion medicine PPO Every Monday and Thursday: GGT, ALP, ALT, bilirubin (direct and indirect), amylase, lipase, random glucose			
SUPPORTIVE MEDICATIONS: ciprofloxacin 500 mg PO every 12 hours starting on Day 1 and continue until ANC greater than $1 \times 10^9/L$ co-trimoxazole DS 1 tablet PO three times a week starting when methotrexate level is less than 0.1 micromol/L and continue for the duration of treatment. Stop 48 hours prior to next cycle. Continue for 6 weeks after treatment ends. <input type="checkbox"/> valACYclovir 500mg PO daily OR <input type="checkbox"/> acyclovir 200mg PO three times daily (<i>select one</i>) furosemide 20 mg PO if fluid intake is greater than fluid output by 500 to 800 mL per day			
Note: One staff Physician signature is required. Orders written by other providers MUST be cosigned. Doctor 1 Signature: _____			Signatures UC: RN:
Doctor 2 Signature: _____			



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DOCTOR'S ORDERS

Date:	To be given:	Cycle #:
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PREMEDICATIONS:

- ondansetron 8 mg PO/IV daily, pre-chemo on Days 1 to 4
- prochlorperazine 10 mg PO after methotrexate infusion completed and then 10 mg PO q4h PRN
- hydrocortisone 100 mg IV prior to etoposide
- diphenhydrAMINE 50 mg IV prior to etoposide

DAY 1 TREATMENT

START ALKALINIZING REGIMEN 4 TO 12 HOURS PRIOR TO METHOTREXATE:

- Discontinue all other IV hydration before starting alkalinizing regimen.
- IV D5W with potassium chloride 20 mEq/L and sodium bicarbonate 150 mEq/L at 125 mL/h for at least 4 hours prior to methotrexate until urine pH is greater than 7. Hydration may be temporarily held during methotrexate infusion (per physician/nursing discretion). Continue hydration post-methotrexate infusion until methotrexate level is less than 0.1 micromol/L.
- Check urine pH before starting methotrexate. If pH less than 7, continue alkalinizing regimen until urine pH greater than 7 before starting methotrexate.

CHEMOTHERAPY:

Day 1, i.e., _____ (physician to complete date)

methotrexate 2 g/m² x BSA = _____ g IV in 1000 mL NS over 6 hours on Day 1

POSTHYDRATION:

See Alkalinizing Regimen above

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Doctor 1 Signature:

Doctor 2 Signature:

Signatures

UC:

RN:



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DOCTOR'S ORDERS

Date: _____ **To be given:** _____ **Cycle #:** _____

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

DAY 2 to 4 TREATMENT

CHEMOTHERAPY

Day 2 to Day 4, i.e., _____ to _____ (physician to complete dates)

dexamethasone 40 mg PO daily, given 30 min before chemotherapy, on Day 2 to 4

etoposide 100 mg/m²/day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 min to 1 hour 30 min on Day 2 to 4 (Use non-DEHP tubing with 0.2 micron in-line filter)

mesna 1500 mg/m²/day X BSA = _____ mg IV in 1000 mL NS over 22 hours on Day 2 to Day 4. (Start 1 hour before ifosfamide)

ifosfamide 1500 mg/m²/day X BSA = _____ mg IV in 500 mL NS over 20 hours on Day 2 to 4

leucovorin 25 mg IV in 50 mL NS over 15 minutes q6h for 4 doses, starting 24 hours post methotrexate initiation, then leucovorin 25 mg PO q6h on Day 2 to 4

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Signatures

UC:

RN:

Doctor 1 Signature: _____

Doctor 2 Signature: _____



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DOCTOR'S ORDERS

Date:

To be given:

Cycle #:

DAY 5 TREATMENT

For delayed emesis on or after Day 5:
dexamethasone 4 mg PO BID x 3 days
PRN: prochlorperazine 10 mg PO q4h prn

CHEMOTHERAPY

Day 5, i.e., _____ (physician to complete date)

mesna 750 mg/m²/day X BSA = mg IV in 500 mL NS over 12 hours on Day 5. (Start after completion of IV Mesna Day 4 dose)

leucovorin 25 mg PO q6h on Day 5 OR until methotrexate level less than 0.1 micromol/L

DAY 6 TREATMENT

Day 6, i.e., _____ (physician to complete date)

fluconazole 400 mg PO daily starting on Day 6 until ANC greater than 1 x 10⁹/L

filgrastim 5 mcg/kg SC daily starting Day 6, at least 24 hours after chemotherapy, until ANC greater than 1 x 10⁹/L
– Complete filgrastim (G-CSF) pre-printed order

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Signatures

UC:

RN:

Doctor 1 Signature:

Doctor 2 Signature:



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DOCTOR'S ORDERS

Date: _____ **To be given:** _____ **Cycle #:** _____

DAY 8 TREATMENT

Reminder - Before pegaspargase dose and 48 hours afterwards:

INR, PT, PTT, fibrinogen

- If fibrinogen less than 1g/L, give 10 units of cryoprecipitate. Complete transfusion medicine PPO
- Every Monday and Thursday: GGT, ALP, ALT, bilirubin (direct and indirect), amylase, lipase, random glucose

Premedications prior to pegaspargase:

- **acetaminophen** 650mg po
- **diphenhydramine** 25-50 mg PO or IV
- **hydrocortisone** 100 mg IV

CHEMOTHERAPY

pegaspargase 1500 units/m² to 2500 units/m² X BSA = _____ units IV in 100 mL NS over 1 hour *OR* IM (circle one) on Day 8

Note: for IM administration: volumes greater than 2 mL should be administered in 2 separate sites to reduce pain

Monitor BP and vitals during pegaspargase administration; observe for 1 hour after end of infusion

Return Appointment Orders

Readmit in 4 weeks for cycle _____

Last cycle. Return in _____ week(s)

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Signatures

UC:

RN:

Doctor 1 Signature: _____

Doctor 2 Signature: _____