



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: LUSCATPE

DOCTOR'S ORDERS	Ht _____ cm	Wt _____ kg	BSA _____ m ²
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:	To be given:	Cycle #:
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Date of Previous Cycle: _____

- Delay treatment _____ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written on Day 1 if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin), 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 baseline.**

Dose modification for: Hematology Other Toxicity _____
Proceed with treatment based on blood work from _____

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

- Cycles 1 to 4:
- ondansetron 8 mg** PO 30 to 60 minutes prior to treatment on Days 1 to 3
 - dexamethasone** 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3
 - aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1; then **80 mg** PO daily on Day 2 and 3
- If additional antiemetic required:
- OLANzapine** 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment
 - hydrocortisone 100 mg** IV prior to etoposide
 - diphenhydrAMINE 50 mg** IV prior to etoposide
- For prior atezolizumab 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
 - Other:** _____

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

CHEMOTHERAPY:

- CYCLE 1:**
- atezolizumab 1200 mg** IV in 250 mL NS over 1 hour **Day 1 only**
- CISplatin 25 mg/m²/day** x BSA = _____ mg
- Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
- IV in 100 to 250 mL NS over 30 minutes x **3 days**
- OR**
- CARBOplatin AUC 5 x (GFR + 25) = _____** mg IV in 100 to 250 mL NS over 30 minutes **Day 1 only**
- etoposide 100 mg/m²/day** x BSA = _____ mg
- Dose Modification: _____ mg/m² x BSA = _____ mg
- IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (use non-DEHP tubing with 0.2 micron in-line filter)

*****SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 ONWARDS*****

DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

DOCTOR'S ORDERS

PROTOCOL CODE: LUSCATPE

DATE:

CHEMOTHERAPY: (continued)

*****SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1*****

OR

CYCLES 2 to 4:

atezolizumab 1200 mg IV in 250 mL NS over 30 minutes Day 1 only

CISplatin 25 mg/m²/day x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 to 250 mL NS over 30 minutes x **3 days**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 only

etoposide 100 mg/m²/day x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (use non-DEHP tubing with 0.2 micron in-line filter)

OR

CYCLE 5 onwards:

atezolizumab 1200 mg IV in 250 mL NS over 30 minutes

STANDING ORDER FOR ETOPOSIDE TOXICITY:

hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo x 3 days for cycles 1 to 4.

Return in **three** weeks for Doctor and **Cycle 5**. Book chemo on day 1 for cycle 5 onwards.

Last Cycle. Return in _____ week(s).

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

If clinically indicated: **ECG** **Chest X-ray**

serum hCG or **urine hCG** – required for woman of child bearing potential

Free T3 and free T4 **lipase** **morning serum cortisol**

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

Glucose

Weekly nursing assessment

Other consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: