

**PROTOCOL CODE: LYBVAVDBV**  
**Cycles 3-8 (DOXOrubicin,  
vinBLASStine, and dacarbazine)**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment		
May proceed with Day 1 doses as written if within 96 hours <b>ANC</b> greater than or equal to <b>0.6 x 10<sup>9</sup>/L</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____		
<b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm.		
dexamethasone <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment and <b>select ONE</b> of the following:		
<input type="checkbox"/>	aprepitant <b>125 mg</b> PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	ondansetron <b>8 mg</b> PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	netupitant-palonosetron <b>300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment	
If required after Cycle 1 due to prior infusion reaction:		
<input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide		
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV prior to etoposide		
<input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b> Note: Patients should be on filgrastim as per protocol. RN to confirm.		
<b>DOXOrubicin 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push on <b>Day 1</b> and <b>Day 15</b>		
<b>vinBLASStine 6 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50mL NS over 15 minutes on <b>Day 1</b> and <b>Day 15</b>		
<b>dacarbazine 375 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 250 to 500 mL NS over 1 to 2 hours on <b>Day 1</b> and <b>Day 15</b>		
<b>If cardiac dysfunction:</b> Omit <b>DOXOrubicin</b> .		
Give <b>etoposide 25 mg/m<sup>2</sup> x BSA = _____ mg</b>		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg		
IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on <b>Day 1</b> and <b>Day 15</b> (use non-DEHP tubing with in-line filter), AND <b>etoposide 50 mg/m<sup>2</sup> x BSA x (_____ %) = _____ mg</b> PO on <b>Days 2</b> and <b>3</b> and <b>Days 16</b> and <b>17</b>		
(Round dose to nearest 50 mg)		
<b>If total bilirubin greater than 85 micromol/L:</b> Omit <b>DOXOrubicin</b> .		
Give <b>cyclophosphamide 375 mg/m<sup>2</sup> x BSA = _____ mg</b>		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg		
IV in 100 to 250 mL NS over 20 minutes to 1 hour on <b>Day 1</b> and <b>Day 15</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>

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<b>DATE:</b>	
<b>EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:</b> hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ (for DOXOrubicin, vinBLASStine, and dacarbazine). Book chemo on Days 1 and 15 <input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle 9 (for brentuximab vedotin). Book chemo on Day 1 <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<b>CBC &amp; Diff, platelets</b> prior to Day 1 of each cycle of treatment If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <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>