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 and according to acceptable standards of care

PROTOCOL CODE: MYCARDEX

DOCTOR'S ORDERS

Ht ___________cm Wt __________kg BSA ___________m^2

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)
☐ **CBC & Diff**, **Platelets** day of treatment

Proceed with all medications for entire cycle as written, if within 96 hours of Day 1: **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L and creatinine clearance as per protocol**

Dose modification for: ☐ **Hematology:** ___________________ ☐ **Other Toxicity:** __________________________

Proceed with treatment based on blood work from _______________________________

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

If dexamethasone not given as part of the treatment regimen, 30 minutes prior to carfilzomib if using dexamethasone:

☐ **dexamethasone 4 mg** PO ***OR*** ☐ **dexamethasone 4 mg** IV in NS 50 mL over 15 minutes (select one)
☐ **ondansetron 8 mg** PO prior to carfilzomib
☐ Other:

PREHYDRATION:

Cycle 1:
Pre-hydration: 250 mL NS IV over 30 minutes

Cycle 2 onward (optional- see protocol):
☐ 250 mL NS IV over 30 minutes

TREATMENT:

STEROID (select one)*

☐ **dexamethasone** ☐ **40 mg** or ☐ **20 mg** PO once weekly**,** in the morning**,** on Days 1, 8, 15 and 22 of each cycle
☐ **dexamethasone** ________mg PO once weekly, in the morning on Days _____________ *(write in)* of each cycle
☐ **predniSONE** ________mg PO once weekly, in the morning on Days _______________ *(write in)* of each cycle
☐ **No Steroid**

***Refer to Protocol for suggested dosing options**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DOCTOR'S ORDERS

DATE:

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

TREATMENT (continued):

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

CARFILZOMIB

☐ **CYCLE 1:**

carfilzomib 20 mg/m² x BSA¥ = _____ mg IV in 100 mL D5W over 30 minutes on Day 1

carfilzomib 70 mg/m² x BSA¥ = _____ mg IV in 100 mL D5W over 30 minutes on Days 8 and 15

¥ (cap BSA at 2.2)

Vital signs prior to EACH carfilzomib infusion

For Cycle 1 only, observe patient for 30 minutes following each carfilzomib infusion

☐ **CYCLE 2 onward:**

carfilzomib 70 mg/m² x BSA¥ = _____ mg

IV in 100 mL D5W over 30 minutes on Days 1, 8 and 15

¥ (cap BSA at 2.2)

Vital signs prior to EACH carfilzomib infusion

DOSE MODIFICATION IF REQUIRED ON DAYS 8 AND/OR 15

carfilzomib 70 mg/m² x BSA¥ = _____ mg

☐ Dose Modification: _______ mg/m² x BSA¥ = __________mg

IV in 100 mL D5W over 30 minutes on Days _____________

POST HYDRATION (Optional- see protocol. May be given during carfilzomib observation):

☐ 250 mL NS IV over 30 minutes after carfilzomib

OPTIONAL CYCLOPHOSPHAMIDE:

☐ **cyclophosphamide 500 mg** PO once weekly in the morning on Days 1, 8, 15 and 22. Dispense ____ cycles.

OR

☐ **cyclophosphamide _____ mg** PO once weekly in the morning on Days _____________ Dispense ____ cycles.

OR

☐ **cyclophosphamide 50 mg** PO once in the morning every 2 days for _____ doses. Dispense ____ cycles.

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PROTOCOL CODE: MYCARDEX

DATE:	
RETURN APPOINTMENT ORDERS	
Book chemo on Days 1, 8 and 15 ☐ Return in **four** weeks for Doctor and Cycle _________ ☐ Last Cycle. Return in _______ week(s).	
CBC & Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, phosphate, LDH, random glucose, serum protein electrophoresis and serum free light chain levels every 4 weeks ☐ **Urine protein electrophoresis** every 4 weeks ☐ **Immunoglobulin panel (IgA, IgG, IgM)** every 4 weeks ☐ **Beta-2 microglobulin** every 4 weeks ☐ **CBC & Diff, platelets** Days 8, 15, 22 ☐ **Creatinine, sodium, potassium** Days 8, 15, 22 ☐ **Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22 ☐ **Random glucose** Days 8, 15, 22 ☐ **Calcium, albumin** Days 8, 15, 22 ☐ **Phosphate** Days 8, 15, 22 ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**