

# **PROJECT OVERVIEW**

# TITLE:

# Preprinted Chemotherapy Orders (PPOs)

# **DESCRIPTION:**

Preprinted Chemotherapy Orders (PPOs) are protocol specific order forms on which a standard chemotherapy order is pre-printed. PPOs help to simplify and standardize the ordering process of chemotherapy and mirror chemotherapy orders that are used in an electronic clinical documentation system. PPOs project is phase 2 MOH Oncology Pharmacy Improvement Program that were established in collaboration with Saudi Oncology Pharmacy Assembly.

# **OBJECTIVES:**

- To standardize chemotherapy ordering process
- To ensure patient safety
- To optimize patients outcome

# TIMELINE:

Four months (November, 2022 - February, 2023)





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AC	AC Neoadjuvant or adjuvant therapy Using DOXOrubicin and Cyclophosphamide					
Wt:	Ht: Platelets:	BSA:	BMI:	Cycle # Delay treatment week(s)		
Bilirubin:	ALT:	AST:	Creatinine: (Date):// EF%:	Date: Time: Location:		
Diagnosis:						
Pre-chemoth	erapy Checklist					
□ CBC-diff	□ Chem Panel □ L	iver Enzymes $\ \square$	Cardiac Function	I/V control prior cycle 🗆 Other		
Pre-Chemoth	erapy medications					
<ul><li>Netupital</li><li>Olanzapil</li></ul>	prior to AC treatmen nt 300 mg + palonoso ne 5 mg PO daily Day hasone 12 mg PO Da	etron 500 microgi ⁄ 1	ram capsule Day 1			
Chemotherap	oy <sup>*</sup>					
o Dose minu o Reas	Modification: utes on day 1 on for dose modifica	% = tion: □ Hematolo	mg/m <sup>2</sup> = pgy: \pi Other	n over 30 minutes on day 1 mg in 100 ml 0.9% NaCl for IV infusion over 30 r Toxicity:		
o Dose minu	Modification: Ites on day 1	<u></u> % =	_ mg/m <sup>2</sup> = m	V infusion over 30 minutes on day 1 ng in 250 mL 0.9% NaCl for IV infusion over 30 her Toxicity:		
Post-Chemot	herapy Medications					
o Dexamet	ne 5 mg PO daily Day hasone 8 mg PO dail oramide 10 mg PO q6	y Day 2-4				
Cycle length:	Reapeat every 21 da	ys				
Physician Nan				Signature:		
Pharmacy	Verified by:			Signature:		
	Prepared by:			Signature:		
	Checked & dispens			Signature:		
Nursing	Checked & receive	d by:		Signature:		
	Administered by:			Signature:		



# Reference:

1. Fisher B, Brown AM, Dimitrov NV, et al. Two months of doxorubicin-cyclophosphamide with and without interval reinduction therapy compared with 6 months of cyclophosphamide, methotrexate and fluorouracil in positive-node breast cancer patients with tamoxifen-nonresponsive tumors: results from the National Surgical Adjuvant Breast and Bowel Project B-15. J Clin Oncol 1990;8(9):1483-96.



Adjuvant Pe	Adjuvant Pembrolizumab Adjuvant Therapy for Triple Negative Breast				
for TNBC Cancer using Pembrolizumab					
Wt: ANC: Bilirubin: Creatinine: Baseline Echo	Ht: Platelets: ALT: (Date)://	BSA: Hb: AST: EF%: Last E	BMI:  Thyroid profile:  cho (Date)://	Date: Time: Location:	week(s)
Diagnosis:					
Pre-chemothe	erapy Checklist				
□ CBC-diff	□ Chem Panel □	Liver Enzymes	☐ Cardiac Function	☐ N/V control prior cycle	e 🗆 Other
Pre-Chemothe	erapy medication	;			
No routine pre	emedications unle	ss the patient de	evelops infusion relate	ed reactions	
Chemotherapy					
Pembrolizumab 200 mg in 50 mL 0.9% NaCL intravenous infusion over 30 minutes using a 0.2 micron in-line filter					
Post-Chemoth	nerapy Medication	ns			
None					
Cycle length: Repeat every 21 days for one year					
Physician Name: Signature:					
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispe	nsed by:		Signature:	
Nursing	Checked & recei	ved by:		Signature:	
	Administered by	:		Signature:	

# Reference:

Schmid P, Cortes J, Pusztai L, et al. KEYNOTE-522 Investigators. Pembrolizumab for Early Triple-Negative Breast Cancer. N Engl J Med. 2020 Feb 27;382(9):810-821.



CMF	Trea	tment for Ad	vanced Breast C	Cancer Using	
	Cyclophosp	hamide (oral	), Methotrexate	and 5-Fluorouracil	
Wt:	Ht:	BSA:	BMI:	Cycle # of 6	
ANC:	Platelets:	Hb:		Delay treatment <sub>_</sub> Date:	week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Time: Location:	
Diagnosis:				1	
Pre-chemothe	rapy Checklist				
□ CBC-diff	□ Chem Panel □ L	iver Enzymes	□ N/V control prior	cycle 🗆 Other	
Pre-Chemothe	erapy medications				
o Ondanset	rior to treatment: ron 8 mg IV once or nasone 8 mg PO onc	-	8		
Chemotherapy	у				
In day 1 and 8:   Methotrexate 40 mg/m² x BSA = mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.   ○ Dose Modification: % = mg/m² = mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.   ○ Reason for dose modification: □ Hematology: □ Other Toxicity:   5-Fluorouracil 600 mg/m² x BSA = mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes   ○ Dose Modification: % = mg/m² = mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes   ○ Reason for dose modification: □ Hematology: □ Other Toxicity:   From day 1 to day 14:   Cyclophosphamide 100 mg/m² = mg PO once daily in the morning (round the dose to nearest 25 mg)   ○ Dose Modification: % = mg/m² = mg.   ○ Reason for dose modification: □ Hematology: □ Other Toxicity:					
	erapy Medications hasone 4 mg PO BIC		10.10 (Cycles 1.6)		
	ramide 10 mg PO q				
Cycle length: F	Repeat every 28 day	s for 6 cycles (tr	reatment is off from	day 15 to 28)	
Physician Nam				Signature:	
Pharmacy	Verified by:			Signature:	
<u> </u>	Prepared by:			Signature:	
	Checked & dispens			Signature:	
Nursing	Checked & receive	d by:		Signature:	
	Administered by:			Signature:	



# Reference:

Lindeman, Geoffrey J., et al. "Intravenous or oral adjuvant CMF for node-positive breast cancer." *Australian and New Zealand Journal of Surgery* 62.7 (1992): 556-562.



DD AC- Weekly	Neoadjuvant or Adjuvant Therap	y for Brea	st Cancer Using	
PACLitaxel	Dose Dense Therapy: DOXOrubio	in and Cyc	lophosphamide	
	Followed by Weekl	y PACLitax	el	
Wt:	Ht: BSA: BMI:		Cycle #	١
ANC: F	Platelets: Hb:		Delay treatment week(s) Date:	,
Bilirubin:	ALT: AST: Crea	itinine:	Time:	
Baseline Echo (Date)	://	/ EF%:	Location:	
Diagnosis:				
Pre-chemotherapy C	Checklist			
	m Panel □ Liver Enzymes □ Cardiac Fur	nction 🗆 N/	/ control prior cycle □ Other	
Pre-Chemotherapy r	nedications			
60 to 30 min prior to		30 min prio	r to <b>PACLitaxel</b> treatment:	
I	mg + palonosetron 500 microgram		ethasone 10-20 mg IV over 15 minute	
capsule Day 1			hydramine 25-50 mg IV over 15 minut	:es
o Olanzapine 5 mg		o Famoti	dine 20 mg IV over 15 minutes	
o Dexamethasone	12 mg PO Day 1			
Chemotherapy*				
Cycles 1-4:	(m² - ma in 100 m) 0.00/ NaCl fa		avan 20 minutaa On day 1	
	/m <sup>2</sup> =mg in 100 ml 0.9% NaCl fo ication:% =mg/m <sup>2</sup> = _			var 30
minutes On		111	g III 100 IIII 0.9% Naci Ioi IV IIIIusioii 0	vei 30
	dose modification:   Hematology:	Other	Toxicity:	
Cyclophosphamide 6	$mg/m^2 =m mg in 250 mL 0.99$	% NaCl for IV	infusion over 30 minutes On day 1.	
	ication: % = mg/m <sup>2</sup> = _	mg	in 250 mL 0.9% NaCl for IV infusion ov	er 30
minutes On  Reason for o	day 1.  dose modification:   Hematology:	□ Oth	or Toxicity:	
Repeat every 14 days			er Toxicity.	
After cycle 4:	Tion 4 cycles			
'	<sup>2</sup> x BSA = mg in 250 ml (non-	DEHP bag) (	0.9% NaCl for IV infusion over 1 hour. (	use
non-DEHP tubing w	vith 0.2 micron in-line filter) Every 7 day	s for 12 weel	S.	
o Dose Modifi	ication:% = mg/m <sup>2</sup> = _		in 250 ml (non-DEHP bag) 0.9% NaCl	for IV
infusion ove	er 1 hour. (use non-DEHP tubing with 0.	2 micron in-	line filter) Every 7 days for 12 weeks.	
	dose modification: 🗆 Hematology:	🗆 Othe	er Toxicity:	
Repeat every 7 days	for 12 weeks			
Post-Chemotherapy	Medications			
-	g PO daily Day 2-4 (Cycles 1-4)			
	8 mg PO daily Day 2-4 (Cycles 1-4)			
-	e 10 mg PO q6h PRN N/V (Cycles 1-4)			
o Filgrastim 300 m	ncg or (5 mcg/kg/day) SC daily Day 3-10 (0	Cycles 1-4)		



\*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



DOCEtaxel, Trastuzumab	Adjuvant Therapy for Breast Car	cer DOCEtaxel,		
and Pertuzumab	Trastuzumab and Pertuzumab			
Wt: Ht:	BSA: BMI:	Cycle #		
ANC: Platelets:	Hb:	Delay treatment week(s)		
Bilirubin: ALT:	AST: Creatinine:	Date: Time:		
		Location:		
	F%: Last Echo (Date):// EF%:			
Diagnosis: Pre-chemotherapy Checklist				
	iver Enzymes □ Cardiac Function □ N/V	control prior cycle		
Pre-Chemotherapy medications				
treatment. If dexamethasone was	3 days starting one day prior to DOCEtaxe not received 1 day prior to docetaxel, give asone 8 mg PO BID, the night of day 1 and	dexamethasone 20 mg IV on day 1 prior to		
		,		
Chemotherapy*				
Cycles 1-4:				
<ul> <li>Dose Modification:</li> <li>DEHP bag) over 1 hour.</li> </ul>	mg IV in 250 to 500 mL 0.9% NaCl (% =mg/m <sup>2</sup> x BSA =  tion:   Hematology:   Other	mg IV in 250 to 500 mL 0.9% NaCl (non-		
Cycles 1				
	kg =mg IV in 250 mL 0.9% N	laCl <b>over 90 minutes</b> on day 2. Observe for 1		
hour post infusion.  • PERTuzumab 840 mg IV in 250	0 mL 0.9% NaCl <b>over 1 hour</b> on day 1. Obse	arve for 1-hour post-infusion		
F ENTUZUINAD 840 Mg IV III 230	THE 0.5% Naci Over 1 Hour off day 1. Obse	erve for 1-flour post-fillusion.		
Cycles 2				
Trastuzumab 6 mg/kg x infusion. on day 1.	kg =mg IV in 250 mL 0.9% N	aCl <b>over 1 hour</b> . Observe for 30 minutes post		
PERTuzumab 420 mg IV in 250	0 mL 0.9% NaCl <b>over 1 hour</b> . Observe for 30	0 – 60 minutes post infusion. on day 1.		
Cycles 3 and onwards to complete	ONE YEAR			
Trastuzumab 6 mg/kg x kg = mg IV in 250 mL 0.9% NaCl <b>over 30 minutes</b> . Observe for 30 minutes				
post infusion. on day 1.				
• PERTuzumab 420 mg IV in 250 mL 0.9% NaCl <b>over 30 minutes</b> . Observe for 30 – 60 minutes post infusion. on day 1.				
Post-Chemotherapy Medications				
o Dexamethasone 8 mg PO BID days 2-3				
Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)				
Cycle length: Repeat every 21 day	s			
Physician Name:		Signature:		



Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

# Reference:

Von Minckwitz, Gunter, et al. "Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer." *New England Journal of Medicine* 377.2 (2017): 122-131.



DOCEtaxel and Adjuvant Therapy for Breast Cancer DOCEtaxel and						
Trastuzum	nab Trastuzumab					
Wt:	H	lt:	BSA:	BMI:	Cycle #	
ANC:	Р	latelets:	Hb:		Delay treatment	week(s)
Bilirubin:		ALT:	AST:	Creatinine:	Date: Time:	
					Location:	
Baseline Echo (	(Date):	// EF%:	Last Echo (Dat	e):// EF%:	Education.	
Diagnosis:						
Pre-chemother	rapy C	hecklist				
□ CBC-diff	□ Cher	n Panel 🗆 Liver Er	nzymes 🗆 Card	iac Function □ N/V	/ control prior cycle	□ Other
Pre-Chemothe	rapy n	nedications				
treatment. If d docetaxel and	exame contin	thasone was not re	eceived 1 day pri			re 3 doses prior to mg IV on day 1 prior to
Chemotherapy	<u>′*                                    </u>					
tubing) on day o Dose I	1. Modifi	cation:%	% = mg	/m² x BSA =		1 hour. (Use non-DEHP
Cycles 1						
-	ızumak	8 mg/kg x	kg =	mg IV in 250 mL 0	.9% NaCl <b>over 90 min</b>	utes. Observe for 1 hour
		n. on day 1.		0		
Cycles 2						
Trastu		o 6 mg/kg x n. on day 1.	kg =	_mg IV in 250 mL 0.	9% NaCl <b>over 1 hour</b> .	Observe for 30 minutes
Cycles 3 and or	nward	to complete ONE	YEAR			
-		•		_mg IV in 250 mL 0.9	9% NaCl <b>over 30 minu</b>	tes. Observe for 30
minutes post infusion. on day 1.						
Post-Chemoth	Post-Chemotherapy Medications					
		e 8 mg PO BID da	•			
Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)						
Cycle length: Repeat every 21 days						
Physician Name: Signature:						
Pharmacy	Verifi	•			Signature:	
	•	red by:			Signature:	
	Check	ed & dispensed by	:	9	Signature:	
Nursing		ed & received by:			Signature:	
	Admir	nistered by:		9	Signature:	



# Reference:

Slamon, Dennis, et al. "Adjuvant trastuzumab in HER2-positive breast cancer." *New England journal of medicine* 365.14 (2011): 1273-1283.



DD AC- DD	Neoadjuvant or Adjuvant Therapy for Breast Cancer Using Dose			
PACLitaxel	Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by			
	PACLitaxel			
Wt: H	Ht: BSA: BMI:	Cycle #		
ANC: P	Platelets: Hb:	Delay treatment week(s) Date:		
Bilirubin:	ALT: AST: Creatinine:	Time:		
	:/ EF%: Last Echo (Date):// EF%	Location:		
basellile Ecilo (Date).	Last Ecilo (Date) EF7	0.		
Diagnosis:		L		
Pre-chemotherapy C	hecklist			
□ CBC-diff □ Cher	m Panel □ Liver Enzymes □ Cardiac Function □	N/V control prior cycle   Other		
Pre-Chemotherapy n	nedications			
60 to 30 min prior to	AC treatment: 30 n	nin prior to <b>PACLitaxel</b> treatment:		
		Dexamethasone 20 mg IV over 15 minutes		
Day 1		Diphenhydramine 50 mg IV over 15 minutes		
<ul><li>Olanzapine 5 mg</li><li>Dexamethasone</li></ul>		Famotidine 20 mg IV over 15 minutes		
Dexamethasone	12 mg r O bay 1			
Chemotherapy*				
<u>Cycles 1-4:</u>				
DOXOrubicin 60 mg/m <sup>2</sup> =mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1.				
O Dose Modification:% = mg/m <sup>2</sup> = mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.				
Reason for dose modification:      Hematology:      Other Toxicity:				
	= 0.1			
	$00 \text{ mg/m}^2 = $ mg in 250 mL 0.9% NaCl for			
o Dose Modification:% = mg/m <sup>2</sup> = mg in 250 mL 0.9% NaCl for IV infusion over 30				
minutes.  o Reason for dose modification:   Hematology:   Other Toxicity:				
Neason for dose modification. In ternatology.				
Cycles 5-8:				
_	$n^2$ x BSA = mg in 500 mL (non-DEHP ba	g) 0.9% NaCl for IV infusion <b>over 3 hours</b> . (use		
	h 0.2 micron in-line filter)	1		
o Dose Modifi hours.	cation:% = mg/m <sup>2</sup> =	mg in 500 ml 0.9% NaCl for IV infusion over 3		
	dose modification:   Hematology:   C	Other Toxicity:		
·				
Post-Chemotherapy Medications				
	PO daily Day 2-4 (Cycles 1-4)			
O Dexamethasone 8 mg PO daily Day 2-4 (Cycles 1-4)				
<ul> <li>Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8)</li> <li>Filgrastim 300 mcg or (5 mcg/kg/day) SC daily Day 3-10 (Cycles 1-8)</li> </ul>				
		1		
Cycle length: Repeat	every 14 days			



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### Reference:

Citron ML, Berry DA, Cirrincione C, et al. Randomized trial of dose-dense versus conventionally scheduled and sequential versus concurrent combination chemotherapy as postoperative adjuvant treatment of nod-positive primary breast cancer: first report of intergroup trial C9741/cancer and leukemia group b trial 9741. J Clin Oncol 2003: 21:1431-1439.



Weekl	y N	Neoadjuvant or Adjuvant Therapy using Weekly		
PACLita	xel	PACLitaxel		
Wt: Ht: BSA: BMI: Cycle #  ANC: Platelets: Hb: Delay treatment week(s)  Bilirubin: ALT: AST: Creatinine: Time:  Baseline Echo (Date):// EF%: Last Echo (Date):/_/_ EF%:  Diagnosis:  Pre-chemotherapy Checklist  CBC-diff				
30 min prior to PACLitaxel treatment:  O Dexamethasone 10-20 mg IV over 15 minutes  O Diphenhydramine 25-50 mg IV over 15 minutes  O Famotidine 20 mg IV over 15 minutes				
Chemotherap	<b>y</b> *			
non-DEHP tu	bing with 0.2 mic	ron in-line filter)		0.9% NaCl for IV infusion over 1 hour. (use
<ul> <li>Dose Modification:% = mg/m² = mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.</li> <li>Reason for dose modification: □ Hematology: □ Other Toxicity:</li> </ul>				
Doct Chamath	acrany Madication	•		
Post-Chemotherapy Medications  O Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8)				
Cycle length: \	Weekly for 4 cycle	(12 weeks total)		
Physician Nam	ne:			Signature:
Pharmacy	Verified by:			Signature:
	Prepared by:			Signature:
	Checked & disper			Signature:
Nursing	Checked & receiv	ed by:		Signature:
	Administered by:			Signature:

# Reference:

Burnell M, Levine M, Chapman JA et al. [53] A randomized trial of CEF versus dose dense EC followed by paclitaxel versus AC followed by PACLitaxel in women with node positive or high risk node negative breast cancer, NCIC CTG MA.21: Results of an interim analysis. Breast Cancer Research and Treatment, Vol. 100, Supplement 1, 2006



DOCEtaxo	kcel Neoadjuvant or adjuvant therapy using DOCEtaxel Every 3				
Q3W			Weeks		
Wt: ANC: Bilirubin: Baseline Echo  Diagnosis: Pre-chemothe  CBC-diff  Pre-Chemothe	erapy Checklist  — Chem Panel erapy medicatio	ns	BMI:  Creatinine:  Date):// EF%:	Cycle # Delay treatment Date: Time: Location:  V control prior cycle □ 0	``
1 day prior to	DOCEtaxel treat	ment:			
	nasone 8 mg PO of 3 doses preti		ior to each DOCEtaxel	administration. Patient mu	ist receive
Chemotherapy*					
<u>Cycles 1-4:</u>					
DOCEtaxel 100 mg/m² x BSA = mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.  o Dose Modification: % = mg/m² = mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.  o Reason for dose modification: □ Hematology: □ Other Toxicity:					
Post-Chemoth	nerapy Medicati	ons			
o Dexameth	nasone 8 mg PO	BID Day 2-3			
Cycle length: 2	21 days for 4 cyc	les			
Physician Nam	ie:			Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & disp			Signature:	
Nursing	Checked & rec			Signature:	
	Administered l	by:		Signature:	

# Reference:

Gradishar, William J. "Docetaxel as neoadjuvant chemotherapy in patients with stage III breast cancer." *Oncology (Williston Park, NY)* 11.8 Suppl 8 (1997): 15-18.



TAC	Neoadjuvant and Adjuvant The	• •	•	
	Using DOXOrubicin, Cyclopho	osphamide	e and DOCEtaxel	
Wt:	l Ht: BSA: BMI:		Cycle #	
ANC: F	Platelets: Hb:		Delay treatment week(s)	
Bilirubin:	ALT: AST: Crea	atinine:	Date: Time:	
Baseline Echo (Date)	:/ EF%: Last Echo (Date):/_		Location:	
Baseline Leno (Bate)				
Diagnosis:				
Pre-chemotherapy C				
	•	nction $\square$ N/	V control prior cycle □ Other	
Pre-Chemotherapy r				
30 to 60 min prior to  Netupitant 300 i	ng + palonosetron 500 microgram		rto treatment: nethasone 8 mg PO BID starting one day pric	or
capsule Day 1	The parents care and see microgram		h DOCEtaxel administration. Patient must	
o Olanzapine 5 mg	g PO daily Day 1	receiv	e minimum of 3 doses pretreatment.	
Chemotherapy*				
Cycles 1-6:				
DOXOrubicin 50 mg/m² =mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.  o Dose Modification:% =mg/m² =mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.  o Reason for dose modification: □ Hematology: □ Other Toxicity:  Cyclophosphamide 500 mg/m² =mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.  o Dose Modification:% =mg/m² =mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.				
o Reason for dose modification:   Hematology:  Other Toxicity:				
1 hour after DOXOru	ubicin and cyclophosphamide:			
DOCEtaxel 75 mg/m <sup>2</sup> DEHP tubing)  O Dose Modif hour.	2 x BSA = mg in 250 mL (non-		.9% NaCl for IV infusion over 1 hour (use not mg in 250 ml 0.9% NaCl for IV infusion over er Toxicity:	
Post-Chemotherapy	Medications			
<ul><li>Dexamethasone</li><li>Filgrastim (G-CS)</li></ul>	g PO daily Day 2-4 8 mg PO BID Day 2-3 F) 300 mg or (5 mcg/kg/dose) SC daily Day e 10 mg PO q6h PRN N/V	3-10		



Cycle length: Repeat every 21 days for 6 cycles			
Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

# Reference:

Nabholtz JM, Pienkowski T, Mackey J, et al. Phase III trial comparing TAC (docetaxel, doxorubicin, cyclophosphamide) with FAC (5-flouorouracil, doxorubicin, cyclophosphamide) in the adjuvant treatment of node positive breast cancer (BC) patients: interim analysis of BCIRG 001. Proc Am Soc Clin Oncol 2002; 21:36a (abstr 141).



TC	Neoadju	Neoadjuvant and Adjuvant Therapy for Breast Cancer Using			
		DOCEta	kel and Cyclophospl	namide	
Wt:	Ht:	BSA:	BMI:	Cycle # of 4	
ANC:	Platelets:	Hb:		Delay treatment	week(s)
		-		Date:	
Bilirubin:	ALT:	AST:	Creatinine:	Time:	
				Location:	
Diagnosis:					
	herapy Checklist		N/A/	O.I.	
□ CBC-diff		ver Enzymes [	□ N/V control prior cycle	e 🗆 Other	
Pre-Chemotl	herapy medications				
	prior to treatment:		y prior to treatment:		
O Ondanse	etron 8 mg IV daily Day		=	O BID starting one day prior must receive minimum of 3	
Chemothera	py*	l l			
Cycles 1-4:					
Cyclophosphamide 600 mg/m² =mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.  • Dose Modification:% =mg/m² =mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.  • Reason for dose modification: □ Hematology:□ Other Toxicity:  DOCEtaxel 75 mg/m² x BSA =mg in 250 ml 0.9% NaCl for IV infusion over 1 hour  • Dose Modification:% =mg/m² =mg in 250 ml 0.9% NaCl for IV infusion over					
1 hour.  O Reason for dose modification:   Hematology:  Other Toxicity:  Other Toxicity:					
Post-Chemo	therapy Medications				
o Filgrastii	thasone 8 mg PO BID I m (G-CSF) 300 mg or 5 pramide 10 mg PO q6	mcg/kg/day) S	C daily Day 3-10		
Cycle length:	: Repeat every 21 days	for 4 cycles			
Physician Na				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispense	ed by:		Signature:	
Nursing	Checked & received	by:		Signature:	
Administered by: Sig		Signature:			



# **References:**

Jones et al., Phase III Trial Comparing Doxorubicin plus cyclophosphamide with docetaxel plus cyclophosphamide as adjuvant therapy for operable breast cancer. J Clin Oncol 2006;24(34):5381-7



TCH Neoadjuvant and Adjuvant Therapy for Breast Cancer Using			
DOCEtaxel, CARBOplatin and Trastuzumab			
Wt: Ht: BSA: BMI: Cycle #			
ANC: Platelets: Hb: Delay treatment week(s) Date:			
Bilirubin: ALT: AST: Creatinine: Time:			
Baseline Echo (Date):/ EF%: Last Echo (Date):// EF%: Location:			
Diagnosis:			
Pre-chemotherapy Checklist			
□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other	_		
Pre-Chemotherapy medications			
30 minutes prior to CARBOplatin treatment: 1 day prior to DOCEtaxcel treatment:			
o Netupitant 300 mg + palonosetron 500 o Dexamethasone 8 mg PO BID starting one day prior to each			
microgram capsule Day 1  DOCEtaxel administration. Patient must receive minimum	l.		
Olanzapine 5 mg PO daily Day 1 of 3 doses pretreatment.  Chemotherapy*			
Cycles 1-6:			
Cycles 1 o.			
DOCEtaxel 75 mg/m <sup>2</sup> x BSA = mg in 250 ml 0.9% NaCl for IV infusion over 1 hour on day 1			
o Dose Modification:% = mg/m <sup>2</sup> = mg in 250 ml 0.9% NaCl for IV infusion over	1		
hour			
o Reason for dose modification:   Hematology:   Other Toxicity:			
CARBOplatin AUC 6 x (GFR + 25) = mg (MAX. 900 mg) in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1	L.		
o Dose Modification:% = mg/m <sup>2</sup> = mg in 100 ml 0.9% NaCl for IV infusion over			
min			
o Reason for dose modification:   Hematology:   Other Toxicity:			
Cycle 1 (Leading docs):			
Cycle 1 (Loading dose):  Trastuzumab 8 mg/kg x weight = mg in 250 ml 0.9% NaCl for IV infusion over 90 minutes. On day 1			
Trastuzumab 8 mg/kg x weight = mg in 250 mi 0.9% Naci for iv infusion over 90 minutes. On day 1			
Cycle 2-17 (Maintenance dose):			
Trastuzumab 6 mg/kg x weight = mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes on cycle 2. If tolerate	≥d,		
infuse over 30 minutes on subsequent cycles. On day 1			
Post-Chemotherapy Medications			
O Dexamethasone 8 mg PO BID Day 2-3 (Cycles 1-6)			
Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-6)			
Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)    Silver   200			
<ul> <li>Filgrastim 300 mcg SC daily Day 3-10 (Cycles 1-6)</li> <li>Cycle length: Repeat every 21 days for 6 cycles</li> </ul>			
Physician Name:  Signature:			
Pharmacy Verified by: Signature:			



	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### Reference:

Slamon D, Eiermann W, Robert N, et al. Phase III randomized trial comparing doxorubicin and cyclophosphamide followed by docetaxel (AC→T) with doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab (AC→TH) with docetaxel, carboplatin and trastuzumab (TCH) in HER2 positive early breast cancer patients: BCIRG 006 study. San Antonio Breast Cancer Symposium 2005.



NEOAdjuvant	NEOAdjuvant Therapy for Triple Negative Breast Cancer using		
Pembrolizumab	Pembrolizumab with CARBOplatin and Weekly PACLitaxel, Followed		
for TNBC	by DOXOrubicin and Cyclophosphamide		
Wt: Ht	BSA: BMI:	Cycle #	
ANC: Pla	atelets: Hb: Thyroid profile:	Delay treatment week(s) Date:	
Bilirubin:	ALT: AST: Creatinine:	Time:	
Baseline Echo (Date): _ EF%:	// EF%: Last Echo (Date)://	Location:	
Diagnosis:			
Pre-chemotherapy Che			
□ CBC-diff □ Chem	Panel □ Liver Enzymes □ Cardiac Function	□ N/V control prior cycle □ Other	
Pre-Chemotherapy me	edications		
30 to 60 min prior to ch	hemotherapy	30 min prior to PACLitaxel treatment:	
-	g + palonosetron 500 microgram capsule Day 1	o Dexamethasone 10-20 mg IV over 15 minutes	
o Olanzapine 5 mg P	O daily Day 1	O Diphenhydramine 25-50 mg IV over 15	
		minutes	
Chemotherapy*		o Famotidine 20 mg IV over 15 minutes	
CYCLE #(Cy	rcle 1-4)		
	•	es using a 0.2 micron in-line filter* on Day 1 only.	
PACLitaxel 80 mg/m <sup>2</sup> = mg in 100 to 500 mL (non-DEHP bag) 0.9% NaCl IV infusion over 1 hour on Days 1, 8 and 15 (use non-DEHP tubing with 0.2-micron in-line filter*) on <b>day 1, 8, and 15.</b> o Dose Modification: % = mg/m <sup>2</sup> x BSA = mg			
CARBOplatin AUC 5 (MAX. 750 mg) or 4 (MAX. 600 mg) (select one) x (GFR + 25) = mg in 100 to 250 mL 0.9%  NaCl IV infusion over 30 minutes on Day 1 only  O Dose Modification: % = mg  * Use separate infusion line and filter for each drug			
Then			
CYCLE # (Cycle 5-8)			
Pembrolizumab 200 mg in 50 mL 0.9% NaCl IV infusion over 30 minutes using a 0.2 micron in-line filter. On day 1.			
DOXOrubicin 60 mg/m $^2$ =mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1.			
O Dose Modification: % = mg/m <sup>2</sup> x BSA = mg			
Cyclophosphamide 600 mg/m² =mg in 100 to 250 mL 0.9% NaCl IV infusion over 20 minutes to 1 hour. On day 1.  o Dose Modification:% =mg/m² x BSA =mg			



Post-Chemoti	Post-Chemotherapy Medications		
o Olanzapir	Olanzapine 5 mg PO daily Day 2-4		
o Dexamet	nasone 8 mg PO daily Day 2-4		
o Metoclop	ramide 10 mg PO q6h PRN N/V		
Cycle length: Repeat every 21 days			
Physician Nan	Physician Name: Signature:		
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

# Reference:

Schmid P, Cortes J, Pusztai L, et al. KEYNOTE-522 Investigators. Pembrolizumab for Early Triple-Negative Breast Cancer. N Engl J Med. 2020 Feb 27;382(9):810-821.



TCHP Neoadjuvant Therapy for Br	east Cancer Using DOCEtaxel,			
CARBOplatin, Trastuzi	ımab and pERTUZumab			
Wt:     Ht:     BSA:     BMI:       ANC:     Platelets:     Hb:       Bilirubin:     ALT:     AST:     Creatinine:       Baseline Echo (Date):     _/_/ EF%:     Last Echo (Date):     _//				
Diagnosis:	Location.			
Pre-chemotherapy Checklist				
□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function	□ N/V control prior cycle □ Other			
Pre-Chemotherapy medications				
30 minutes prior to CARBOplatin treatment:  o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1  o Olanzapine 5 mg PO daily Day 1	ne day prior to DOCEtaxcel treatment:  Dexamethasone 8 mg PO BID , Patient must receive minimum of 3 doses pretreatment.			
Chemotherapy*				
Cycles 1-6:  DOCEtaxel 75 mg/m² x BSA = mg in 250 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour (use non-DEHP tubing) on day 1.  O Dose Modification: % = mg/m² = mg in 250 ml 0.9% NaCl for IV infusion over 1 hour  O Reason for dose modification: □ Hematology: □ Other Toxicity:  CARBOplatin AUC 6 x (GFR + 25) = mg (MAX. 900 mg) in 100 ml 0.9% NaCl for IV infusion over 30 minutes on day 1.  O Dose Modification: % = mg/m² = mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes on day 1.  O Reason for dose modification: □ Hematology: □ Other Toxicity: _				
Cycle 2-6 (Maintenance dose):  Trastuzumab 6 mg/kg x weight = mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes on cycle 2. If tolerated, infuse over 30 minutes for subsequent cycles. on day 1.  pERTUZumab 420 mg = mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes on cycle 2. If tolerate, infuse over 30 minutes on subsequent cycles. on day 1.  o Dose Modification: % = mg = mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes o Reason for dose modification: □ Hematology: □ Other Toxicity:				
Post-Chemotherapy Medications				
<ul> <li>Dexamethasone 8 mg PO BID Day 2-3 (Cycles 1-6)</li> <li>Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-6)</li> <li>Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)</li> </ul> Cycle length: Repeat every 21 days for 6 cycles				



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### Reference:

Schneeweiss A, Chia S, Hickish T, et al. Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHAENA). *Ann Oncol*. Sep 2013;24(9):2278-84. doi:10.1093/annonc/mdt182



PACLitaxel and, Adjuvant Therapy for Breast Cancer PACLitaxel					
Trastuzuma	ab	(Weekly), and Trastuzumab			
Trastuzumab  Wt: Ht: BSA: BMI: Cycle #  ANC: Platelets: Hb: Delay treatment week(s)  Bilirubin: ALT: AST: Creatinine: Date:  Baseline Echo (Date): _/_/_ EF%: Last Echo (Date): _/_/_ EF%: Time: Location:  Diagnosis:  Pre-chemotherapy Checklist  CBC-diff Chem Panel Liver Enzymes Cardiac Function N/V control prior cycle Other  Pre-Chemotherapy medications					
o Dexa o Diph o Fam	30 min prior to PACLitaxel treatment:  o Dexamethasone 10-20 mg IV over 15 minutes  o Diphenhydramine 25-50 mg IV over 15 minutes				
Chemotherap Cycles 1-4:	y <sup>*</sup>				
PACLitaxel 80 mg/m² = mg in 100 to 500 mL (non-DEHP bag) 0.9% NaCl IV infusion over 1 hour (use non-DEHP tubing with 0.2-micron in-line filter) on Day 1, 8, and 15  o Dose Modification: % = mg/m² = o Reason for dose modification: Hematology: Other Toxicity:  Cycles 1  Trastuzumab 8 mg/kg = mg in 250 mL 0.9% NaCl IV infusion over 90 minutes. Observe for 1 hour post infusion on day 1.  Cycles 2  Trastuzumab 6 mg/kg = mg in 250 mL 0.9% NaCl IV infusion over 1 hour. Observe for 30 minutes post infusion on day 1.  Cycles 3 and onwards to complete ONE YEAR  Trastuzumab 6 mg/kg x kg = mg in 250 mL 0.9% NaCl IV infusion over 30 minutes. Observe for 30 minutes post infusion on day 1.					
Post-Chemotherapy Medications  • Metoclopramide 10 mg PO/IV q6h PRN N/V					
Cycle length: Repeat every 21 days  Physician Name:  Signature:					
-				ignature:	
Pharmacy	Verified by: Prepared by:			ignature: ignature:	
	Checked & dispensed	l hv:		ignature: ignature:	
Nursing	Checked & received			ignature:	
ivuisiiig	Administered by:	∨y.		ignature: ignature:	
1	1		"	J	



# Reference:

Tolaney SM, Barry WT, Dang CT, et al. Adjuvant paclitaxel and trastuzumab for node-negative, HER2- positive breast cancer. N Engl J Med 2015;372:134-41.



PAClitaxel, Trastuzumab Adjuvant Therapy for Breast Cancer PACLitaxel			
and PERTuzumab	(Weekly), Trastuzumab and PERTuzumab		
\A/+.	DCA. DAMI.	Curlo #	
Wt: Ht:	BSA: BMI:	Cycle # Delay treatment week(s)	
ANC: Platelets:	Hb:	Date:	
Bilirubin: ALT:	AST: Creatinine:	Time:	
Baseline Echo (Date)://	EF%: Last Echo (Date)://_ EF%:	Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
	Liver Enzymes □ Cardiac Function □ N/\	/ control prior cycle	
Pre-Chemotherapy medications			
30 min prior to PACLitaxel treatn	nent:		
o Dexamethasone 10-20	_		
	0 mg IV over 15 minutes		
o Famotidine 20 mg IV ov	ver 15 minutes		
Chemotherapy*			
Cycles 1-4:			
PACLitaxel 80 mg/m <sup>2</sup> OR mg/m <sup>2</sup> (select one) x BSA = mg in 100 to 500 mL (non-DEHP bag) 0.9% NaCl IV infusion over 1 hour (use non-DEHP tubing with 0.2-micron in-line filter) on <b>Day 1, 8, and 15.</b>			
	% = mg/m² x BSA =		
Reason for dose modific	cation:   Hematology:   Other	er Toxicity:	
Cycle 1			
• Trastuzumab 8 mg/kg =mg in 250 mL 0.9% NaCl IV infusion <b>over 90 minutes</b> . Observe for 1 hour post infusion. on day 1			
• PERTuzumab 840 mg in 250 mL 0.9% NaCl IV infusion <b>over 1 hour</b> . Observe for 1-hour post-infusion. On day1			
Cycle 2			
• Trastuzumab 6 mg/kg =mg in 250 mL 0.9% NaCl IV infusion <b>over 1 hour</b> . Observe for 30 minutes post infusion. on day 1			
• PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion <b>over 1 hour</b> . Observe for 30 – 60 minutes post infusion. on day 1			
Cycle 3 and onward to complete ONE YEAR			
• Trastuzumab 6 mg/kg =mg in 250 mL 0.9% NaCl IV infusion over <b>30 minutes</b> . Observe for 30 minutes post infusion. on day 1			
<ul> <li>PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion over 30 minutes. Observe for 30 – 60 minutes post infusion. on day 1</li> </ul>			



Post-Chemotherapy Medications				
Metoclopramide 10 mg PO/IV q6h PRN N/V				
Cycle length: Repeat every 21 days				
Physician Name: Signature:				
Pharmacy	Verified by:	Signature:		
	Prepared by:	Signature:		
	Checked & dispensed by:	Signature:		
Nursing	Checked & received by:	Signature:		
	Administered by:	Signature:		

# Reference:

Von Minckwitz, Gunter, et al. "Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer." *New England Journal of Medicine* 377.2 (2017): 122-131.



CMF	CMF Treatment for Advanced Breast Cancer Using Cyclophosphamide (IV), Methotrexate and 5-Fluorouracil				
Wt:	Ht:	BSA:	BMI:	Cycle # Delay treatment	week(s)
ANC:	Platelets:	Hb:		Date:	week(3)
Bilirubin:	ALT:	AST:	Creatinine:	Time:	
				Location:	
Diagnosis:					
	erapy Checklist				
□ CBC-diff	□ Chem Panel □ Li	ver Enzymes 🛚	□ N/V control prior o	cycle 🗆 Other	
	erapy medications				
30 to 60 min p	prior to treatment:				
o Ond	ansetron 8 mg IV on	ce on day 1 and	8		
	amethasone 12 mg P				
Chemotherap	y				
On day 1 and 8         Methotrexate 40 mg/m² = mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes         ○ Dose Modification: % = mg/m² = mg         ○ Reason for dose modification: □ Hematology: □ Other Toxicity:         5-Fluorouracil 600 mg/m² = mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes         ○ Dose Modification: % = mg/m² = mg         ○ Reason for dose modification: □ Hematology: □ Other Toxicity:         Cyclophosphamide 600 mg/m² = mg in 100 to 250 mL 0.9% NaCl IV infusion over 20 minutes to 1 hour         ○ Dose Modification: % = mg/m² = mg         ○ Reason for dose modification: □ Hematology: □ Other Toxicity:					
Post-Chemotherapy Medications					
<ul> <li>Dexamethasone 4 mg PO BID Day 2-3 and 9-10 (Cycles 1-6)</li> <li>Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)</li> </ul>					
Cycle length: Repeat every 21 days for 6-8 cycles					
	Physician Name: Signature:				
Pharmacy	Verified by:			Signature:	
	Prepared by: Checked & dispense	ad hv:		Signature: Signature:	
Nursing	Checked & received			Signature:	
indising	Administered by:	ı by.		Signature:	

# Reference:

Park, Jin Hyun, et al. "Cyclophosphamide, methotrexate, and 5-fluorouracil as palliative treatment for heavily pretreated patients with metastatic breast cancer: a multicenter retrospective analysis." *Journal of breast cancer* 20.4 (2017): 347-355.



DOCEtaxel	Palliative Therapy for Breast Cancer DOCEtaxel, Trastuzumab			
,Trastuzumab and	and Pertuzumab			
Pertuzumab				
Wt: Ht:	BSA: BMI:	Cycle #		
		Delay treatment week(s)		
	elets: Hb:	Date:		
	ALT: AST: Creatinine:	Time: Location:		
Baseline Echo (Date):/ EF%: Last Echo (Date):// EF%:				
Diagnosis:				
Pre-chemotherapy Che				
	Panel   Liver Enzymes   Cardiac Function   N/	V control prior cycle □ Other		
Pre-Chemotherapy med				
treatment	mg PO bid for 3 days starting one day prior to DOCE	taxel; patient must receive 3 doses prior to		
	e not received 1 day prior to docetaxel, give <b>dex</b>	amethasone 20 mg IV on day 1 prior to		
docetaxel and cor	ntinue dexamethasone 8 mg PO BID, the night o	of day 1 and days 2-3		
*				
Chemotherapy*  Cycles 1-8:				
DOCEtaxel 75 mg/m² x BSA =mg  • Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL 0.9% NaCl IV infusion (non-DEHP bag) over 1 hour. (Use non-DEHP tubing)  • Reason for dose modification: □ Hematology:□ Other Toxicity:  Cycles 1  Trastuzumab 8 mg/kg xkg =mg in 250 mL 0.9% NaCl IV infusion over 1 hour 30 minutes. Observe for				
1 hour post infusion. PERTuzumab 840 mg IV	in 250 mL 0.9% NaCl IV infusion over 1 hour. Obser	ve for 1 hour post-infusion		
_	5			
Cycles 2  Trastuzumab 6 mg/kg x kg = mg in 250 mL 0.9% NaCl IV infusion over 1 hour. Observe for 30 minutes post infusion.  PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion over 1 hour. Observe for 30 minutes to 1 hour post infusion.				
Cycles 3 and onwards				
Trastuzumab 6 mg/kg x kg = mg in 250 mL 0.9% NaCl IV infusion <b>over 30 minutes</b> . Observe for 30				
minutes post infusion.  PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion <b>over 30 minutes</b> . Observe for 30 minutes to 1 hour post infusion.				
Post-Chemotherapy Medications				
<ul> <li>Dexamethasone 8 mg PO BID days 2-3 (Cycles 1-8)</li> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>				
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.				



Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

#### Reference:

Swain SM, Kim SB, Cortés J, et al. Pertuzumab, trastuzumab, and docetaxel for HER2positive metastatic breast cancer (CLEOPATRA study): overall survival results from a randomised, double-blind, placebo-controlled, phase 3 study. Lancet Oncol 2013;14(6):46171



DOCEtax	el Palliative T	herapy for Metastation	Breast Cancer	Using DOCEtaxel		
Wt:	Ht:	BSA: BMI:		Cycle #		
ANC:	Platelets:	Hb:		Delay treatment	<del></del>	
		-	****	week(s)		
Bilirubin:	ALT:	AST: Crea	atinine:	Date: Time:		
Baseline Echo (	(Date)://	: Last Echo (Date):/_	/ EF%:	Location:		
Diagnosis:						
Pre-chemothe						
□ CBC-diff	□ Chem Panel □ Live	r Enzymes 🗆 Cardiac Fu	nction	trol prior cycle 🗆 Ot	:her	
	rapy medications					
to treatme	ent	r 3 days starting one day			•	
		L day prior to docetaxel, g mg PO BID, the night of d		le 20 mg IV on day 1 pri	or to docetaxei	
Chemotherapy	<b>,</b> *					
DOCEtaxel 75-100 mg/m² x BSA =mg  • Dose Modification:% =mg/m² x BSA =mg in 250 to 500 mL 0.9% NaCl IV infusion (non-DEHP bag) over 1 hour. (Use non-DEHP tubing)  • Reason for dose modification: □ Hematology:□ Other Toxicity:						
	erapy Medications					
<ul> <li>dexamethasone 8 mg PO BID days 2-3</li> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>						
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.						
Physician Nam				Signature:		
Pharmacy	Verified by:			Signature:		
	Prepared by:	1		Signature:		
	Checked & dispensed			Signature:		
Nursing	Checked & received b	oy:		Signature:		
	Administered by:			Signature:		

#### Reference:

Trudeau ME, Eisenhauer ES, Higgins BP, Letendre F et al. Docetaxel in patients with metastatic breast cancer: a phase II study of the National Cancer Institute of Canada – Clinical Trials Group. J Clin Oncol 1996;14:422-8



Metastatic EC Treatment for Metastatic Breast Cancer Using Epirubicin and								
	Cyclophosphamide							
Wt:	Ht:	BSA:	BMI:	Cycle # of 6				
ANC:	Platelets:	Hb:		Delay treatment week(s)				
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time:				
				Location:				
Diagnosis:	(Date):/ EF	%: Last Echt	o (Date):// EF%:					
	erapy Checklist							
□ CBC-diff		/er Enzymes $\Box$	Cardiac Function 🗆 N/	V control prior cycle □ Other				
Pre-Chemoth	erapy medications							
	prior to treatment:							
o Netupita	nt 300 mg + palonose	tron 500 micro	aram cansula Day 1					
	ne 5 mg PO daily Day	_	gram capsuic Day 1					
-	hasone 12 mg PO Day							
Chemotherap								
Cycles 1-6:								
Fniruhicin 75	$mg/m^2 =$	mg in 100 ml	0.9% NaCl for IV infusion	over 1 hour				
				_ mg in 100 ml 0.9% NaCl for IV infusion over 1				
hour								
o Reas	on for dose modificat	ion: 🗆 Hemato	logy: □ Oth	er Toxicity:				
Cyclophospha	$mide 600 mg/m^2 =$	mg ir	n 250 mL 0 9% NaCl for IV	/ infusion over 30 minutes.				
• Dose	Modification:		$mg/m^2 = m_1^2$	g in 250 mL 0.9% NaCl for IV infusion over 30				
minu								
<ul> <li>Reas</li> </ul>	on for dose modificat	ion: 🗆 Hemato	logy: 🗆 Oth	er Toxicity:				
Post-Chemot	herapy Medications							
	hasone 8 mg PO Day	. , ,						
·	ne 5 mg PO daily Day							
o Metoclop	oramide 10 mg PO q6l	າ PRN N/V (Cycl	es 1-6)					
Cycle length:	Repeat every 21 days	for 6 cycles						
Physician Nan	ne:			Signature:				
Pharmacy	Verified by:			Signature:				
	Prepared by:			Signature:				
Checked & dispensed by:				Signature:				
Nursing	Checked & received	l by:		Signature:				
Administered by: Signature:								

# Reference:

Langley, Ruth E., et al. "Phase III trial of epirubicin plus paclitaxel compared with epirubicin plus cyclophosphamide as first-line chemotherapy for metastatic breast cancer: United Kingdom National Cancer Research Institute trial AB01." *Journal of clinical oncology* 23.33 (2005): 8322-8330.



eriBULi	eriBULin Palliative Therapy for Metastatic Breast Cancer Using eriBULin					
Wt:	Ht:	BSA:	BMI:	Cycle #		
ANG	Distalata	I I la .		Delay treatment		
ANC:	Platelets:	Hb:		week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date:		
				Time:		
				Location:		
Diagnosis:						
	erapy Checklist					
□ CBC-diff	☐ Chem Panel ☐ Liv	er Enzymes 🗆 C	Cardiac Function	ntrol prior cycle 🗆 Other		
Pre-Chemoth	erapy medications					
o Metoclo	pramide 10 to 20 mg	PO prior to treatn	ment			
Chemotherap	y*					
DAY 1 and 8  eriBULin 1.23 mg/m²=mg IV Push over 2 to 5 minutes on Day 1 and Day 8. (eribulin 1.4 mg/m² is equivalent to 1.23 mg/m² (free base))  • Dose Modification:% =mg/m² =mg IV Push over 2 to 5 minutes on Day 1 and Day 8.  • Reason for dose modification: □ Hematology: □ Other Toxicity:						
Post-Chemot	herapy Medications					
Metoclopramide 10 mg PO/IV q6h PRN N/V						
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.						
Physician Nan	ne:			Signature:		
Pharmacy	Verified by:			Signature:		
	Prepared by:			Signature:		
	Checked & dispense	d by:		Signature:		
Nursing	Checked & received	by:		Signature:		
	Administered by:			Signature:		

# Reference:

Cortes J, O'Shaughnessy J, Loesch D, et al. Eribulin monotherapy versus treatment of physician's choice in patient with metastatic breast cancer (EMBRACE): a phase 3 open-label randomized study. Lancet 201 3; 377:914-23



Gemcitabin	e and	Palliative Thera	py for Metastatic E	Breast Cancer Using			
CARBOplati	in	CAR	<b>Boplatin and Gem</b>	citabine			
Wt:	Ht:	BSA:	BMI:	Cycle #			
ANC:	Platelets:	Hb:		Delay treatment	week(s)		
				Date:			
Bilirubin:	ALT:	AST:	Creatinine:	Time:			
				Location:			
Diagnosis:							
Pre-chemothe	erapy Checklist						
□ CBC-diff	□ Chem Panel □	Liver Enzymes 🗆 (	Cardiac Function 🗆 N	√V control prior cycle □ C	Other		
Pre-Chemothe	erapy medications						
30 to 60 min	prior to chemo						
<ul><li>Netupitar</li></ul>	nt 300 mg + palono	setron 500 microgra	am capsule Day 1				
1	ne 5 mg PO daily D	_					
Dexametl	hasone 12 mg PO/	V Day					
Chemotherap							
Gemcitabine 1	$1000 \text{ mg/m}^2 =$	mg in 250 mL 0.9%	6 NaCl for IV infusion o	ver 30 minutes on Day 1 and	d Day 8		
_			, 2				
o Dose	Modification:	% = m	ng/m² = mg in 2	250 mL 0.9% NaCl for IV infu	ision over 30		
	tes on Day 1 and D	•	ogv: □ Oth	or Toxicity:			
O Reast	on for dose modifi	Jation.   Tiematolo	/gy ⊔ Oti	ner Toxicity:			
CARBOplatin (	AUC = 5) x (GFR +	25) = mg (MAX. <sup>-</sup>	750 mg) in 100 to 250	mL 0.9% NaCl for IV infusior	over 30 minutes		
Day 1 only	, ,	,	o,				
	nerapy Medication						
•	ne 5mg PO daily Da	•					
	hasone 8 mg PO/IV						
o Metoclop	ramide 10 mg PO/	IV q6h PRN N/V					
Cycle length:	Repeat every 21 d	ays. Continue until o	disease progression or	unacceptable toxicity.			
Physician Nam	ne:			Signature:			
Pharmacy	Verified by:			Signature:	_		
	Prepared by:			Signature:			
	Checked & dispe	nsed by:		Signature:			
Nursing	Checked & receiv	/ed by:		Signature:			
	Administered by: Signature:						

# Reference:

Laessig, D., H. J. Stemmler, U. Vehling-Kaiser, et al. 2007. "Gemcitabine and carboplatin in intensively pretreated patients with metastatic breast cancer." Oncology 73(5-6):407-414.



Gemcitab and CISpla		Pallia	tiveTherapy for CISplati		atic Breast emcitabine	_	
Wt:	H	t:	BSA:	BMI:		Cycle #	
ANC:	Ρl	atelets:	Hb:			Delay treatment	week(s)
						Date:	
Bilirubin:		ALT:	AST:	Crea	tinine:	Time:	
5						Location:	
Diagnosis:	-						
Pre-chemothe			in to a Francisco	Candia a Fun		/ combined in silence socie	= Othor
□ CBC-diff			ver Enzymes 🗆 🖰	Cardiac Fur	iction $\square$ in/		□ Other
Pre-Chemoth	erapy m	edications				Pre-CISplatin hydrat	tion
o Olanzapir	nt 300 m ne 5 mg l			am capsule	Day 1	o Normal Saline (( hour	0.9% NaCl) 500 ml over 1
Chemotherap	y*						
on Day 1 and  O Dose 30 m O Reas  CISplatin 30 m	Day 8  Modifice inutes of the conforted on for definite on the conforted o	ation: n Day 1 and ose modifica m	% = Day 8 tion: □ Hematolog g in 100 to 250 m	_ mg/m² = _ gy: nL 0.9% Na0	□ Othe	_ mg in 250 mL 0.9% N er Toxicity: ion over 30 minutes o	n Day 1 and 8
o Dose	: Modific 30 minu	ation: tes on Day 1	% = and 8	_ mg/m² = <sub>_</sub>		_ mg in 100 to 250 mL	0.9% NaCl for IV infusion
			tion: 🗆 Hematolo	gv:	□ Othe	er Toxicity:	
Post-Chemotl				<u> </u>		tin hydration	
Olanzapine 5mg PO daily Day 2-4 Dexamethasone 8 mg PO/IV daily Day 2-4 OMetoclopramide 10 mg PO/IV q6h PRN N/V Potassium Chloride 20 MEq+2 grams Magnesium Sulphate in Normal Saline (0.9% NaCl) 500 ml ov hour					-		
Cycle length:	Repeat	every 21 day	rs. Continue until o	disease pro	gression or u	nacceptable toxicity.	
Physician Nan	ne:				Signature:		
Pharmacy	Verifie	d by:			Signature:		
	Prepar	-			Signature:		
	Checke	ed & dispens	ed by:		Signature:		
Nursing	Checke	ed & receive	d by:		Signature:		
	Admin	istered by:			Signature:		

### Reference:

Nagourney R, et al. Gemcitabine plus cisplatin repeating doublet therapy in previously treated, relapsed breast cancer patients. J Clin Oncol 2000;18(11):2245-2249.



PAClitaxel, Trastuzumab	Palliative Thera					
and PERTuzumab	Trastuz	zumab and PERTu	ızumab			
Wt: Ht:  ANC: Platelets:  Bilirubin: ALT:  Baseline Echo (Date):// E	BSA: Hb: AST: F%: Last Echo (Da	BMI:  Creatinine: te):// EF%:	Cycle # Delay treatment Date: Time: Location:	week(s)		
Diagnosis:						
Pre-chemotherapy Checklist						
	iver Enzymes   Care	diac Function 🗆 N/V	control prior cycle	□ Other		
Pre-Chemotherapy medications 30 min prior to PACLitaxel treatme						
<ul> <li>Dexamethasone 10-20 mg IV</li> <li>Diphenhydramine 25-50 mg IV</li> <li>Famotidine 20 mg IV over 15</li> </ul>	over 15 minutes V over 15 minutes					
Chemotherapy						
		cycle and then day 1 mg/m <sup>2</sup> =	on subsequent cycles mg			
Trastuzumab 8 mg/kg =     post infusion on day 2.	mg in 250 mL 0	.9% NaCl for IV infusi	on <b>over 90 minutes</b> . (	Observe for 60 minutes		
PERTuzumab 840 mg in 250 n day 1.	ոL 0.9% NaCl for IV inf	fusion <b>over 60 minute</b>	es. Observe for 60 mir	nutes post-infusion on		
Cycles 2						
Trastuzumab 6 mg/kg =  post infusion on day 1.	mg in 250 mL 0.	9% NaCl for IV infusion	on <b>over 60 minutes</b> . C	Observe for 30 minutes		
• PERTuzumab 420 mg in 250 mL 0.9% NaCl for IV infusion <b>over 60 minutes.</b> Observe for 30 – 60 minutes post infusion on day 1.						
Cycles 3 and onwards  Trastuzumab 6 mg/kg =_ minutes post infusion on  PERTuzumab 420 mg in 2 infusion on day 1.	day 1.					



Post-Chemotherapy Medications						
Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)						
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.						
Physician Na	me:	Signature:				
Pharmacy	Verified by:	Signature:				
	Prepared by:	Signature:				
	Checked & dispensed by:	Signature:				
Nursing	Checked & received by:	Signature:				
	Administered by:	Signature:				

#### Reference:

Dang C, Iyengar N, Datko F, et al. Phase II study of paclitaxel given once per week along with trastuzumab and pertuzumab in patients with human epidermal growth factor receptor 2–positive metastatic breast cancer. J Clin Oncol 2015;33:442-47.



PAClitaxel	Clitaxel Palliative Therapy for Metastatic Breast Cancer Using Weekly						
		PAClitaxe	l (3 weeks out of 4 v	veeks)			
Wt:	Ht:	BSA:	BMI:	Cycle #			
ANC:	Platelets:	Hb:		Delay treatment week(s)			
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time: Location:			
Diagnosis:							
Pre-chemothe	erapy Checklist						
□ CBC-diff	□ Chem Panel □ Liv	ver Enzymes 🗆 🕻	Cardiac Function $\Box$ N/V	control prior cycle □ Other			
Pre-Chemoth	erapy medications						
30 min prior t	o PACLitaxel treatme	nt:					
o Diph o Fam	amethasone 10-20 mg nenhydramine 25-50 i notidine 20 mg IV over	mg IV over 15 min					
Chemotherap							
Weekly regimen:  PACLitaxel 90 mg/m² = mg in 100 to 500 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour (use non-DEHP tubing with 0.2-micron in-line filter) once weekly x 3 weeks and one week off.  O Dose Modification: % = mg/m² x BSA = mg O Reason for dose modification: □ Hematology: □ Other Toxicity:							
Post-Chemoti	herapy Medications						
o Metoclop	oramide 10 mg PO/IV	q6h PRN N/V					
_		(Based on the sel	lected regimen). Continu	ue until disease progression or			
unacceptable	•			T-:			
Physician Nam				Signature:			
Pharmacy	Verified by:			Signature:			
	Prepared by: Checked & dispense	ad hv:		Signature: Signature:			
Nursing	-	-					
Nursing	Checked & received Administered by:	by:		Signature: Signature:			
Autilinistered by. Signature:							

## Reference:

Rugo, Hope S., et al. "Randomized phase III trial of paclitaxel once per week compared with nanoparticle albumin-bound nab-paclitaxel once per week or ixabepilone with bevacizumab as first-line chemotherapy for locally recurrent or metastatic breast cancer: CALGB 40502/NCCTG N063H (Alliance)." *Journal of Clinical Oncology* 33.21 (2015): 2361.



Pembrolizumab Palliative Therapy for Advar			ced Triple Negati	ve Breast Cancer using			
for mTNI	зс	Pembrolizumab and Weekly PAClitaxel					
140			DAM				
Wt:	Ht:	BSA:	BMI:	Cycle #			
ANC:	Platelets:	Hb:		Delay treatment week(s) Date:			
Bilirubin:	ALT:	AST:	Creatinine:	Time:			
				Location:			
Baseline Echo	(Date):/ E	EF%: Last Echo (Da	te)://				
Diagnosis:				.1			
	erapy Checklist						
□ CBC-diff	• •	iver Enzymes 🗆 Car		V control prior cycle □ Other			
Pre-Chemoth	erapy medications		<u> </u>				
	prior to PACLitaxel to	 reatment:					
	methasone 10 mg I						
-	•	mg IV over 15 minute	S				
Chemotherap	otidine 20 mg IV ove	r 15 minutes					
Chemotherap	У						
Dembrolizuma	sh 200 mg in 50 ml	0 0% NaCl for IV infusi	ion over 30 minutes	using a 0.2 micron in-line filter <b>every 21 days</b>			
Periibiolizuilia	3D 200 HIR III 30 HIL	0.9% Naci for IV IIIIusi	on over 30 minutes	using a 0.2 inicion in-line linter every 21 days			
PACLitaxel 90	$mg/m^2 =$	mg in 250 ml (non	-DFHP hag) 0 9% Na	aCl for IV infusion over 1-hour (use non-DHEP			
		er) on <b>day 1, 8, and 15</b>		action is imasion over a mout fase non Bill			
		.,, -, .,					
o Dose	Modification:	% = mg	g/m <sup>2</sup> =	_ mg			
o Reas	on for dose modifica	ation:   Hematology:	🗆 Oth	ner Toxicity:			
Doot Chamath							
None	nerapy Medications	·					
				olizumab) until disease progression or			
		ımab: Maximum of 36					
Physician Nam				Signature:			
Pharmacy	Verified by:			Signature:			
	Prepared by:			Signature:			
	Checked & dispen	<u> </u>		Signature:			
Nursing	Checked & receive	ed by:		Signature:			
	Administered by:			Signature:			



### Reference:

Cortes, Javier, et al. "Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer (KEYNOTE-355): a randomised, placebo-controlled, double-blind, phase 3 clinical trial." *The Lancet* 396.10265 (2020): 1817-1828.



Trastuzumab Palliative Therapy for Metastatic Breast Cancer Using					İ	
Deruxtecan Trastuzumab Deruxtecan						
		<u> </u>				<u> </u>
Wt:	Н	lt:	BSA:	BMI:	Cycle #	
ANC:	Pl	latelets:	Hb:		Delay treatment	<del></del>
Bilirubin:		ALT:	AST:	Creatinine:	week(s) Date:	
			-		Time:	
Baseline Echo	(Date):	// EF%:	Last Echo (Da	te):// EF%:	Location:	
Diagnosis:						
Pre-chemothe	erapy Ch	necklist				
			Enzymes 🗆 Card	diac Function 🗆 N/V co	ntrol prior cycle 🗆 Ot	ther
Pre-Chemothe	erapy m	edications				
30 to 60 min p	rior to o	chemotherapy tr	eatment:			
o Netu	nitant 3	00 mg + palonos	etron 500 microg	ram capsule Day 1		
	-	mg PO daily Day	_	. a capcaic 2 a, 2		
	-	one 12 mg PO Da				
Chemotherap	_					
			mg IV	in 100 mL D5W over 90	minutes through a low	protein binding
0.2 or 0.22 mid	cron in-i	line filter.				
o Dose	Modific	cation:	mg/kg x	kg = m	g	
o Reaso	on for de	ose modification	: □ Hematology:		oxicity:	
If initial infusion	nn was t	olerated well ac	lminister subseau	ent infusions over 30 m	inutes	
ii iiiiciai iiii asic	on was c	olerated Well, ac	mmster subsequ	iene imasions over 50 m	maces	
Post-Chemoth	nerapy N	Medications				
		8 mg PO Days 2-4	ļ			
-	_	PO daily Day 1				
		10 mg PO/IV q6h				
		every 21 days. Co	intinue until disea	ase progression or unacc		
Physician Nam					Signature:	
Pharmacy	Verifie	•			Signature:	
	•	red by:			Signature:	
Nursin -		ed & dispensed b	-		Signature:	
Nursing		ed & received by nistered by:	•		Signature:	
I	Aumin	istered by.			Jigiiature.	

### Reference:

Verma S, et al. Trastuzumab emtansine for HER2-positive advanced breast cancer. N Engl J Med 2012;367(19):1783-91. 28.



Trastuzun	uzumab Palliative Therapy for Metastatic Breast Cancer Using Fam-					
Emtansii	sine Trastuzumab Emtanesine					
					_	
Wt:	Н	It:	BSA:	BMI:	Cycle #	
ANC:	Pl	latelets:	Hb:		Delay treatment	
Dilimulain		ALT.	ACT.	Constining	week(s)	
Bilirubin:		ALT:	AST:	Creatinine:	Date: Time:	
Baseline Echo	(Date):	// EF%:	Last Echo (	Date):// EF%:	Location:	
Diagnosis:					1	
Pre-chemothe	erapy Ch	necklist				
□ CBC-diff	□ Chen	n Panel 🗆 Liver E	inzymes 🗆 C	Cardiac Function 🗆 N/V co	ontrol prior cycle 🗆 🗆 Ot	ther
Pre-Chemothe	erapy m	edications				
Metocloprami	ide 10 to	o 20 mg PO prior	to treatment			
Chemotherap	<b>y</b> *					
Trastuzumab emtansine 3.6 mg/kg =mg in 250 mL 0.9% NaCl for IV infusion over <b>90 minutes</b> using a 0.2 micron in-line filter.  Observe for <b>90 minutes</b> post infusion. If no infusion reaction observed in Cycle 1, may administer subsequent cycles over 30 minutes, observe for 30 minutes post-infusion. Observation period not required after 3 treatments with no reaction.						
Post-Chemoth	nerapy I	Medications				
Metoclopramide 10 mg PO/IV q6h PRN N/V						
Cycle length:	Repeat (	every 21 days. Co	ntinue until di	isease progression or unac	ceptable toxicity.	
Physician Nam	ne:				Signature:	
Pharmacy	Verifie	ed by:			Signature:	
		red by:			Signature:	
	Check	ed & dispensed b	y:		Signature:	
Nursing	Check	ed & received by:			Signature:	
	Admin	nistered by:			Signature:	

# Reference:

Verma S, et al. Trastuzumab emtansine for HER2-positive advanced breast cancer. N Engl J Med 2012;367(19):1783-91. 28.



Trastuzumab, Palliative Therapy for Metastatic Breast						
Tucatinib, and Cancer using Trastuzumab, Tucatinib, and						
Capecitabine		Capecitabine				
Wt: Ht:	BSA:	BMI:	Cycle #			
ANC: Platelets:	Hb:			reatment		
Bilirubin: ALT:	AST:	Creatinine:	week(s Date:	)		
Baseline Echo (Date)://_	_		Time:			
baselille Ecilo (Date)/_	EF%. Last ECHO	(Date)// Er%.	Locatio	n:		
Diagnosis:						
Pre-chemotherapy Checklist						
□ CBC-diff □ Chem Panel	☐ Liver Enzymes ☐ □	Cardiac Function	trol prior	cycle 🗆 Other		
Pre-Chemotherapy medication	ons					
Metoclopramide 10 to 20 mg	PO prior to treatment					
Chemotherapy*						
Cycles 1  Trastuzumab 8 mg/kg = mg in 250 mL 0.9% NaCl for IV infusion over 90 minutes. Observe for 1 hour post infusion.  Cycles 2  Trastuzumab 6 mg/kg = mg in 250 mL 0.9% NaCl for IV infusion over 60 minutes. Observe for 30 minutes post infusion.  Cycles 3 and onward  Trastuzumab 6 mg/kg x kg = mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. Observe for 30 minutes post infusion.  Cycle 1 and onwards  Tucatinib* 300 mg PO BID on days 1 to 21 continuously						
Dose modification if required:  Tucatinib* 250 mg PO BID on days 1 to 21 continuously Tucatinib* 200 mg PO BID on days 1 to 21 continuously Tucatinib* 150 mg PO BID on days 1 to 21 continuously  Cycle 1 and onwards  Capecitabine 1000 mg/m² x BSA x (						
Post-Chemotherapy Medicati						
o Metoclopramide 10 mg P	U/IV q6n PKN N/V					
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.						



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### Reference:

Murthy RK, Loi S, Okines A et al. Tucatinib, Trastuzumab, and Capecitabine for HER2- Positive Metastatic Breast Cancer. N Engl J Med. 2020 Feb 13;382(7):597-609.



Vinorelbine, Trastuzumab Palliative Therapy for Breast Cancer Vinorelbine,				
and Pertuzumab	Т	rastuzumab and Pe	rtuzumab	
Wt: Ht:	BSA:	BMI:	Cycle #	
ANC: Platelets:	Hb:		Delay treatment Date:	week(s)
Bilirubin: ALT:	AST:	Creatinine:	Time:	
Baseline Echo (Date)://	EF%: Last Echo	(Date)://EF%:	Location:	
Diagnosis:				
Pre-chemotherapy Checklist				
	-	Cardiac Function	'V control prior cycle □ Oth	ner
Pre-Chemotherapy medications				
Metoclopramide 10 mg PO	prior to treatment			
Chemotherapy*				
Cycles 1-8:				
Vinorelbine 25 mg/m <sup>2</sup> =	mg in 50 mL 0.9	% NaCl for IV infusion ov	ver 6 minutes on Day 1 and Da	ay 8
minutes on Day 1 and D	ay 8. Flush vein wit	th 75 to 125 mL 0.9% Na	mg in 50 mL 0.9% N ICI following infusion. er Toxicity:	
		250 mL 0.9% NaCl for IV	infusion <b>over 1 hour 30 minu</b>	<b>tes</b> . Observe
PERTuzumab 840 mg in Cycles 2	250 mL 0.9% NaCl	for IV infusion <b>over 1 ho</b>	our. Observe for 1 hour post-i	infusion
	mg in 2	50 mL 0.9% NaCl for IV i	nfusion <b>over 1 hour</b> . Observe	for 30 minutes
PERTuzumab 420 mg in infusion.	250 mL 0.9% NaCl	for IV infusion <b>over 1 ho</b>	our. Observe for 30 minutes to	1 hour post
Cycles 3 and onwards				
Trastuzumab 6 mg/kg = minutes post infusion.	:mg in 25	50 mL 0.9% NaCl for IV ir	nfusion <b>over 30 minutes</b> . Obs	erve for 30
PERTuzumab 420 mg in post infusion.	250 mL 0.9% NaCl	for IV infusion <b>over 30 n</b>	ninutes. Observe for 30 minu	tes to 1 hour
Post-Chemotherapy Medication				
o Metoclopramide 10 mg PO/	IV q6h PRN N/V			
Cycle length: Repeat every 21 da	ays. Continue until o	disease progression or u	nacceptable toxicity.	
Physician Name:			Signature:	
Pharmacy Verified by:			Signature:	



	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### **References:**

- 1. Perez EA, López-Vega JM, Petit T, et al. Safety and efficacy of vinorelbine in combination with pertuzumab and trastuzumab for first-line treatment of patients with HER2-positive locally advanced or metastatic breast cancer: VELVET Cohort 1 final results. Breast Cancer Res. 2016;18(1):126.
- 2. Andersson M, López-Vega JM, Petit T, et al. Efficacy and safety of pertuzumab and trastuzumab administered in a single infusion bag, followed by vinorelbine: VELVET Cohort 2 final results. Oncologist. 2017;22(10):1160-1168.



Trastuzun	rastuzumab Adjuvant Therapy for Breast Cancer using Trastuzumab				
Emtansii	Emtansine Emtansine				
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
Baseline Echo	(Date):// EF%	: Last Echo (D	Date):// EF%:	Time: Location:	
Diagnosis:					
Pre-chemothe	erapy Checklist				
□ CBC-diff	☐ Chem Panel ☐ Live	er Enzymes 🗆 C	ardiac Function 🗆 N/V co	ontrol prior cycle 🗆 Oth	ner
Pre-Chemothe	erapy medications				
Metocloprami	ide 10 to 20 mg PO pri	or to treatment			
Chemotherap	<b>y</b> *				
Trastuzumab	emtansine 3.6 mg/kg	xkg	:=mg		
• Dose	Modification:	mg/kg x	kg = m	ng in 250 mL 0.9% NaCL IV	over 1 h 30
	using a 0.2 micron in-li				
• Reaso	on for dose modificati	วท: 🗆 Hematoloยู	gy: 🗆 Other T	oxicity:	
Observe for 1	hour 30 minutes nost	infusion If no inf	usion reaction observed ir	Cycle 1 may administer	subsequent
	•		infusion. Observation peri-		•
no reaction.	,	•	•	•	
Post Chamath	nerapy Medications				
	ramide 10 mg PO/IV o				
o Wictoriop	rannac 10 mg r 0/10 c	011111111111111111111111111111111111111			
Cycle length:	Repeat every 21 days	or 14 cycles			
Physician Nam	ne:			Signature:	
Pharmacy	Verified by:			Signature:	_
	Prepared by:			Signature:	
	Checked & dispense	d by:		Signature:	
Nursing	Checked & received	by:		Signature:	
	Administered by:			Signature:	

# Reference:

Von Minckwitz G, Huang CS, Mano MS, et al. Trastuzumab emtansine for residual invasive HER2 positive breast cancer. N Engl J Med 2019;380:617-28.



Classic FOLFIRI	Therapy fo	or Metastatic	Colorectal Cancer ,C	lassic FOLFIRI	1
Wt: I	 Ht:	BSA:	BMI:	Cycle #	
ANC: F	Platelets:	Hb:		Delay treatment week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time: Location:	
Diagnosis:				Location.	
Pre-chemotherapy C	Checklist				
□ CBC-diff □ Cher	mistry Panel 🗆 Liv	er Enzymes 🗆	N/V control prior cycle	□ Other	
Pre-Chemotherapy r	nedications				
o Dexamethasone 8	g IV ONCE, dilute witl	vith 50 ml 0.9 Sod	n chloride to be given over 1 ium chloride to be given ove on Day 1		
Chemotherapy					
Dose Modifiminutes.     Reason for of the R	dose modification:  UM FOLINATE) 400 PFL ication:% dose modification:  J 400 mg/m² =% dose modification:% dose modification:% dose modification:	G = mg  □ Hematology:  mg/m² =  G = mg  □ Hematology:  mg IV book  G = mg  □ Hematology:  mg in :  PFL	for IV over 90 minutes e  /m² = mg in 5  Other Toxio  mg in 250 mL D5W  /m² = mg in 25  olus immediately every 1  /m² = mg IV Pu Other Toxio  1000 mL D5W for IV over	ity: for IV over 2 hours even for IV over 2 hours even for IV over 2 hours even for IV over 2 xicity: Times (ROOM TEMP.) ush xicity: 46 hours, every 1 Time	ery 1 Times on 2 hours after es (ROOM
			<mark>240 mL D5W, FOR PUM</mark> F	USE ONLY 5ML / HR F	OR 48 HRS
	ication:%	5 = mg	<b>5 PFL</b> /m <sup>2</sup> = mg in 10 □ Other To:		
Post-Chemotherapy	Medications				
o Loperamide 4 m	eded for hand-foot	iarrhea and ther syndrome	n 2 mg every 2 hours unti	l patient is diarrhea-fre	e for 12 hours
Cycle length: Classic	FULFIKI = repeat ev	ery 14 days			



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### Reference:

André T, Louvet C, Maindrault-Goebel F, et al. CPT-11 (irinotecan) addition to bimonthly, high-dose leucovorin and bolus and continuous-infusion 5-fluorouracil (FOLFIRI) for pretreated metastatic colorectal cancer. GERCOR. Eur J Cancer. 1999;35(9):1343-1347. doi:10.1016/s0959-8049(99)00150-1



Classic FOLFIRI-	Therapy for Metastatic Colorectal Ca	ncer
Bevacizumab	FOLFIRI-Bevacizumab	
Wt: Ht:	BSA: BMI:	Cycle #
ANC: Plat	elets: Hb:	Delay treatment week(s) Date:
Bilirubin:	ALT: AST: Creatinine:	Time:
		Location:
Diagnosis:		
Pre-chemotherapy Che		
☐ CBC-diff ☐ Chemis	try Panel 🗆 Liver Enzymes 🗀 N/V control prior cycle 🗀 Othe	r
Pre-Chemotherapy me	dications	
15 to 30 min prior to FO		
	IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 1	
	mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given ove subcutaneous ONCE, before irinotecan on Day 1	r 15 mint before chemotherapy on Day 1
Chemotherapy	aboutaneous office, before innotecution buy 1	
Chemotherapy		
IRINOTECAN 180 mg/m	$^2$ =mg in 500 ml D5W for IV over 90 minutes every 1 Ti	mes on dav1 (ref. 2-8 c) PFL
	ation:% =mg/m <sup>2</sup> =mg in 500 ml D	
	se modification:   Hematology:   Other Toxicity:	
	FOLINATE) 400 mg/m <sup>2</sup> =mg in 250 mL D5W for IV ov	er 2 hours every 1 Times on day1 (ROOM
TEMP.) PFL  • Dose Modification	ntion:% = mg/m² = mg in 250 mL D5	W for IV over 2 hours
	se modification:   Hematology:   Other Toxicity:	
incusor for ac	se mounication. E hematology.	<del></del>
FLUOROURACIL, 5-FU 4	00 mg/m² =mg IV bolus immediately every 1 Times (R	OOM TEMP.) after LEUCOVORIN (ROOM
TEMP.) PFL		
	ation: % = mg/m <sup>2</sup> = mg IV Push	
Reason for do	se modification:   Hematology:   Other Toxicity:	<del></del>
FLUOROURACIL, 5-FU 2	$400 \text{ mg/m}^2 = $ mg in 1000 mL D5W for IV over 46 hours	, every 1 Times (ROOM TEMP.) following
FLUOROURACIL bolus P	FL	
		1 T
day 1 following FLUORC	400 mg/m <sup>2</sup> =mg in 240 mL D5W, FOR PUMP USE ON	LY 5ML / HR FOR 48 HRS every 1 Times on
	ntion: mg in 100 mL 0.9	9% NaCl for IV over 2 hours
	se modification:   Hematology:   Other Toxicity:	
		-
BEVACIZUMAB, 5 mg	/kg = mg IV in 100 ml 0.9% NaCl on day 1	
	es for 1st infusion, 60 minutes for 2nd infusion and 30 minute	s for subsequent cycles.
<ul> <li>Dose Modifi</li> </ul>	cation: % = mg/m <sup>2</sup> = mg in 10	0 mL 0.9% NaCl for IV over 2 hours
Reason for contact the second se	ose modification:   Hematology:   Other To:	kicity:
Post-Chemotherapy Me		
o Metoclopramide 1	0 mg PO/IV q6h PRN N/V	
o Loperamide 4 mg,	at the onset of diarrhea and then 2 mg every 2 hours until patient	is diarrhea-free for 12 hours
<ul> <li>QV Cream as need</li> </ul>	ed for hand-foot syndrome	



Cycle length:	Classic FOLFIRI = repeat every 14 days	
Physician Nar	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

## Reference:

Heinemann V, von Weikersthal LF, Decker T, et al. FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment for patients with metastatic colorectal cancer (FIRE-3): a randomised, open-label, phase 3 trial. Lancet Oncol. 2014;15(10):1065-1075. doi:10.1016/S1470-2045(14)70330-4



Classic FOLFIRI- Therapy for Metastatic Colorectal Cancer						
Cetuximab	Cetuximab Classic FOLFIRI-Cetuximab					
Wt: Ht:	BSA:	BMI:	Cycle #			
	telets: Hb:		Delay treatment Date:	week(s)		
Bilirubin:	ALT: AST:	Creatinine:	Time: Location:			
Diagnosis:						
Pre-chemotherapy Che	cklist					
	stry Panel 🗆 Liver Enzymes	□ N/V control prior cycle □ Othe	r			
Pre-Chemotherapy me	dications					
o Dexamethasone 8	g IV ONCE, dilute with 50 ml (	0.9 Sodium chloride to be given over 1 nl 0.9 Sodium chloride to be given ove irinotecan on Day 1				
Chemotherapy	· · · · · · · · · · · · · · · · · · ·	·				
<ul> <li>Dose Modific</li> </ul>	ation:% =	D5W for IV over 90 minutes every 1 Ting mg/m <sup>2</sup> = mg in 500 ml Dogy: D Other Toxicity:	5W for IV infusion over 9			
TEMP.) PFL		mg in 250 mL D5W for IV ov				
		$_{\rm mg/m^2}$ = $_{\rm mg}$ mg in 250 mL 0.9 ogy: $_{\rm mg}$ Other Toxicity: $_{\rm mg}$		ırs		
FLUOROURACIL, 5-FU 4 TEMP.) PFL	00 mg/m <sup>2</sup> =mg l	IV bolus immediately every 1 Times (R	OOM TEMP.) after LEUC	OVORIN (ROOM		
		_ mg/m <sup>2</sup> = mg IV Push ogy:   Other Toxicity:				
FLUOROURACIL, 5-FU 2 FLUOROURACIL bolus F		; in 1000 mL D5W for IV over 46 hours	, every 1 Times (ROOM T	EMP.) following		
		g in 240 mL D5W, FOR PUMP USE ON	LY 5ML / HR FOR 48 HRS	every 1 Times on		
day 1 following FLUOR(		_ mg/m <sup>2</sup> = mg in 100 mL 0.9	% NaCl for IV over 2 hou	ırc		
		ogy:		113		
		ver 2 hours on day 1 (infuse over 1 hou				
		$_{\rm mg/m^2} = $ $_{\rm mg}$ mg in 100 mL 0.9	9% NaCl for IV over 2 hou	irs		
Reason for dose modification: □ Hematology: □ Other Toxicity: □						
Post-Chemotherapy M	edications					
Metoclopramide 1	.0 mg PO/IV q6h PRN N/V					
		then 2 mg every 2 hours until patient	is diarrhea-free for 12 ho	ours		
I ○ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ed for hand-foot syndrome					



Cycle length:	Classic FOLFIRI = repeat every 14 days	
Physician Nai	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### Reference:

Heinemann V, von Weikersthal LF, Decker T, et al. FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment for patients with metastatic colorectal cancer (FIRE-3): a randomised, open-label, phase 3 trial. Lancet Oncol. 2014;15(10):1065-1075. doi:10.1016/S1470-2045(14)70330-4



M-FOLFOX-6-	Neo-adjuvant or Adjuvant Therapy for Metastatic Colorectal					
Bevacizumab Cancer						
M-FOLFOX-6 with Bevacizumab						
Wt: F	lt:	BSA:	BMI:	Cycle #		
ANC: P	latelets:	Hb:		Delay treatment		
			Cuantimina	week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time:		
				Location:		
Diagnosis:				Location.		
Pre-chemotherapy Che	cklist					
□ CBC-diff □ Chemis	try Panel 🗆 Liver	Enzymes □ N/V	control prior cycle 🗆 Othe	er		
Pre-Chemotherapy med	dications					
15 to 30 min prior to FC	OLFOX treatment:					
ONDansetron 8 mg	TIV diluta with 50 i	ml 0 0 Sadium chla	ride to be given over 15 min	t hoforo chomothorany day	. 1	
			hloride to be given over 15 min			
	0 1 111 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Chemotherapy						
<ul> <li>Dose Modifica</li> </ul>	ation:% =	= mg/m <sup>2</sup>	V over 2 hours on day1 (ROO = mg in 500 ml D	5W for IV infusion over 30	minutes.	
<ul> <li>Reason for do</li> </ul>	se modification:	Hematology:	Other Toxicity:			
LEUCOVORIN (CALCIUM	I FOLINATE) 400 m	g/m <sup>2</sup> =	_mg in 500 mL D5W for IV ov	ver 2 hours on dav1 (ROOM	TEMP.) PFL	
Dose Modifica	ation:% =	= mg/m <sup>2</sup>	= mg in 500 mL D!	5W for IV over 2 hours	,	
			Other Toxicity: _			
FILIOROLIRACII 5-FIL4(	00 mg/m² =	mg IV holus i	mmediately (ROOM TEMP.)	after LELICOVORIN (ROOM)	TEMP ) PEI	
			= mg IV Push			
			Other Toxicity:			
FLUOROURACIL, 5-FU 24 bolus PFL	400 mg/m² =	mg in 1000	mL D5W for IV over 46 hours	s, (ROOM TEMP.) following	FLUOROURACIL	
FLUOROURACIL, 5-FU 2	400 mg/m <sup>2</sup> =	mg in 240	mL D5W, FOR PUMP USE ON	ILY 5ML / HR FOR 48 HRS		
			= mg in 100 mL 0.		5	
<ul> <li>Reason for do</li> </ul>	se modification:	Hematology:	Other Toxicity: _			
BEVACIZUMAB, 5 mg/kg	J =	mg IV in 100 ml )	0.9% NaCl on day 1			
			usion and 30 minutes for sub	sequent cycles.		
Dose Modifica	ation:% =	= mg/m <sup>2</sup>	= mg in 100 mL 0.	9% NaCl for IV over 2 hours	5	
Reason for dose modification:   Hematology:   Other Toxicity:						
Post-Chemotherapy Me						
o Metoclopramide 10	0 mg PO/IV q6h PF	RN N/V				
Cycle length: MFFOLFO	X-6 = repeat every	14 days				



\*For dose modification, refer to Cancer Drug references.

Patient information

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References:

- 1.Kabbinavar F, Schulz J, McLeod M, Patel T, Hamm JT, Hecht JR et al. Addition of Bevacizumab to bolus Fluorouracil and Leucovorin in first-line metastatic colorectal cancer: results of a randomized phase II trial. J Clin Oncol 2005;23:3697-3705.
- 2.Tournigand C, André T, Achille E, et al. FOLFIRI followed by FOLFOX6 or the reverse sequence in advanced colorectal cancer: a randomized GERCOR study. J Clin Oncol. 2004;22(2):229-237. doi:10.1200/JCO.2004.05.113



M-FOLFOX-6 Neo-adjuvant or Adjuvant Therapy for Early Colon C			olon Cancer and		
	Metastatic Colorectal Cancer				
			M-FOLFOX-6		
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment	
Bilirubin:	ALT:	AST:	Creatinine:	week(s) Date:	
Billiubili.	ALI.	ASI.	Creatifilite.	Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy (	Checklist				
□ CBC-diff □ Che	mistry Panel 🗆 Li	ver Enzymes	□ N/V control prior cycle	□ Other	
Pre-Chemotherapy i					
15 to 30 min prior to	FOLFOX treatmen	nt:			
o ONDansetron 8	mg IV dilute with 5	50 ml 0.9 Sodi	um chloride to be given ove	r 15 mint before chemo	otherapy day 1
	e 8 mg IV dilute wit	h 50 ml 0.9 So	odium chloride to be given o	ver 15 mint before che	motherapy day
1					
Chemotherapy					
OXALIPLATIN 85 mg/	/m² = m	ıg in 500 ml 0.	9% D5W for IV over 2 hours	on dav1 (ROOM TEMP	.)
			$mg/m^2 = \underline{\qquad} mg \text{ in } 5$		
30 minutes.					
Reason for (	dose modification:	☐ Hematolo	gy:   Other Toxic	ity:	
LELICOVORINI (CALCI	LINA EQUINIATE) 400	) ma/m² -	mg in 500 mL D5W	for IV over 2 hours on	day1 (POOM
TEMP.) PFL	OIVI FOLINATE) 400	7 IIIg/III –	IIIg III 500 IIIL D5W	TOT IV OVER 2 HOURS OIL	uayı (KOOIVI
	ication:	% =	$mg/m^2 = mg in 50$	00 mL D5W for IV over	2 hours
			gy:   Other To		
	U 400 mg/m² =	mg I	V bolus immediately (ROOM	TEMP.) after LEUCOV	ORIN (ROOM
TEMP.) PFL  • Dose Modif	ication: G	% =	mg/m <sup>2</sup> = mg IV Pr	ısh	
			gy:   Other To		
			in 1000 mL D5W for IV over		
FLUOROURACIL bolu		···o			,
			g in 240 mL D5W, FOR PUM		
			$mg/m^2 = mg in 10$		
Reason for the second for the s	dose modification:	☐ Hematolo	gy: 🗆 Other To	xicity:	
Post-Chemotherapy	Medications				
	e 10 mg PO/IV q6h	PRN N/V			
Cvcle length: MFFOL	FOX-6 = repeat ev	very 14 days			



\*For dose modification, refer to Cancer Drug references.

Patient information

Physician Name: Signature:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

### Reference:

Tournigand C, André T, Achille E, et al. FOLFIRI followed by FOLFOX6 or the reverse sequence in advanced colorectal cancer: a randomized GERCOR study. J Clin Oncol. 2004;22(2):229-237. doi:10.1200/JCO.2004.05.113



M-FOLFOX-6-	Neo-adjuvant or Adjuvant Therapy for Meta	static Colorectal					
Cetuximab	Cancer						
	M-FOLFOX-6-Cetuximab						
Wt: Ht	: BSA: BMI:	Cycle #					
ANC: Pla	telets: Hb:	Delay treatment week(s) Date:					
Bilirubin:	ALT: AST: Creatinine:	Time:					
Location:							
Diagnosis:	addica.						
Pre-chemotherapy Che  □ CBC-diff □ Chemi	stry Panel   Liver Enzymes   N/V control prior cycle   Oth	or.					
		е:					
Pre-Chemotherapy me 15 to 30 min prior to F							
15 to 50 min prior to F	OLFOX treatment.						
	g IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 min	* * * *					
<ul><li>Dexamethasone 8</li><li>Chemotherapy</li></ul>	mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 n	nint before chemotherapy day 1					
Chemotherapy							
OXALIPLATIN 85 mg/m	$^{2}$ =mg in 500 ml D5W for IV over 2 hours on day1 (ROC	DM TEMP.)					
	ration: % = mg/m <sup>2</sup> = mg in 500 ml I						
Reason for do	ose modification:   Hematology:   Other Toxicity:						
LEUCOVORIN (CALCIUN	M FOLINATE) 400 mg/m <sup>2</sup> =mg in 500 mL D5W for IV o	ver 2 hours on day1 (ROOM TEMP.) PFL					
	ration:% =mg/m <sup>2</sup> = mg in 500 mL D						
	ose modification:   Hematology:   Other Toxicity: _						
FILIOROURACII 5-FILA	100 mg/m² =mg IV bolus immediately (ROOM TEMP.)	after LELICOVORIN (ROOM TEMP.) PEI					
	ration: % = mg/m <sup>2</sup> = mg IV Push	arter ELOCOVORIIV (NOOW TEIVIF.) FTE					
	ose modification:   Hematology:   Other Toxicity:						
FILIODOLIDACII E FILI	2400 mg/m² - mg in 1000 ml DEW for IV over 46 hour	rs (DOOM TEMP) following ELLIODOLIDACII					
bolus PFL	2400 mg/m <sup>2</sup> =mg in 1000 mL D5W for IV over 46 hour	s, (ROOM TEMP.) following FLOOROGRACIL					
	2400 mg/m <sup>2</sup> =mg in 240 mL D5W, FOR PUMP USE OI						
	ration: mg in 100 mL 0						
Neason for ut	ose modification:   Hematology:   Other Toxicity:	<del></del>					
CETUXIMAB, 500 mg/m	n2 = mg IV over 2 hours on day 1 (infuse over 1 ho						
	• Dose Modification:% = mg/m2 = mg in 100 mL 0.9% NaCl for IV over 2 hours						
Reason for dose modification: □ Hematology: □ Other Toxicity: _							
Post-Chemotherapy M	ledications						
o Metoclopramide 1	LO mg PO/IV q6h PRN N/V						
Cycle length: MFFOLFO	DX-6 = repeat every 14 days						
Physician Name:	· · · · · · · · · · · · · · · · · · ·	Signature:					
Pharmacy Verific		Signature:					



	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

# Reference:

Boccia RV, Cosgriff TM, Headley DL, et al. A phase II trial of FOLFOX6 and cetuximab in the first-line treatment of patients with metastatic colorectal cancer. Clin Colorectal Cancer 2010;9:102



Pembrolizu	mab	Adjuvant 1	herapy o	or Metastatic Colorect	al Cancer with
dMMR/MSI-H only					
				Pembrolizumab	
Wt:	Ht:	B:	SA:	BMI:	Cycle #
ANC:	Platele	ets: H	Hb:		Delay treatment week(s)
Bilirubin:	AL	Γ:	AST:	Creatinine:	Date:
					Time:
Dia manais:					Location:
Diagnosis:	aramı Chaslı	:at			
Pre-chemothe  □ CBC-diff			Enzumos	□ N/V control prior cycle	□ Other
	-		Elizyilles		- Other
Pre-Chemoth		ations			
Chemotherap	У				
PEMBROLIZUMAB, 200 mg in 50 ml 0.9% NaCl IV infusion over 30 minutes via 0.22 micron in-line filter on day 1  • Dose Modification:% = in 50 ml 0.9% NaCl IV infusion over 30 minutes via 0.22 micron in-line filter on day 1					
• Reas	on for dose r	nodification: 🗆	Hematolo	gy:   Other T	oxicity:
Post-Chemoti	nerapy Medi	cations			
Cycle length:	Pembrolizun	nab = repeat ev	ery 21 day	'S	
Physician Nan	ne:				Signature:
Pharmacy	Verified by	:			Signature:
	Prepared b	y:			Signature:
	Checked &	dispensed by:			Signature:
Nursing	Checked &	received by:			Signature:
	Administer	ed by:	- <del></del>		Signature:

#### Reference:

André T, Shiu KK, Kim TW, et al. Pembrolizumab in Microsatellite-Instability-High Advanced Colorectal Cancer. N Engl J Med. 2020;383(23):2207-2218. doi:10.1056/NEJMoa2017699



TAS102	2 Metastati	Metastatic Colorectal Cancer using Trifluridine/Tipiracil (TAS102)					
Wt:	Ht:	BSA:	BMI:	Cycle #			
ANC:	Platelets:	Hb:		Delay treatment			
Bilirubin:	ALT:	AST:	Cuantinina	week(s)			
Bilirubiri:	ALI:	AST:	Creatinine:	Date: Time:			
				Location:			
Diagnosis:				Edition.			
	erapy Checklist						
□ CBC-diff		☐ Liver Enzymes	□ N/V control prior cycle	□ Other			
Pre-Chemoth	erapy medications						
-							
Chemotherap	ру						
TRIFLURIDINE/TIPIRACIL, 35 mg/m2 (based on Trifluridine component) = mg (MAX per dose= 80 mg trifluridine) PO bid on days 1-5 and 8-12  • Dose Modification: % = mg/m <sup>2</sup> =  • Reason for dose modification: □ Hematology: □ Other Toxicity:							
trifluridine) Pose	O bid on days 1-5 and Modification:	8-12 % =	mg/m <sup>2</sup> =				
trifluridine) Po Dose Reas	O bid on days 1-5 and Modification:	8-12 % =	mg/m <sup>2</sup> =				
trifluridine) Pose	O bid on days 1-5 and Modification:	l 8-12 % = tion: □ Hematolog	mg/m <sup>2</sup> =				
trifluridine) Pose      Dose     Reas  Post-Chemot  Metoclopram	O bid on days 1-5 and Modification: on for dose modifications	l 8-12 % = tion: □ Hematolog hours PRN	mg/m <sup>2</sup> =				
trifluridine) Pose      Dose     Reas  Post-Chemot  Metoclopram	O bid on days 1-5 and Modification: On for dose modifications herapy Medications ide, 10 mg PO/IV q 6 Repeat every 28 days	l 8-12 % = tion: □ Hematolog hours PRN	mg/m² = □ Other To				
rifluridine) Pose Dose Reas  Post-Chemot  Metoclopram Cycle length:	O bid on days 1-5 and Modification: On for dose modifications herapy Medications ide, 10 mg PO/IV q 6 Repeat every 28 days	l 8-12 % = tion: □ Hematolog hours PRN	mg/m² =	oxicity:			
rifluridine) Proses  Reas  Post-Chemot  Metoclopram  Cycle length:  Physician Nan	O bid on days 1-5 and Modification: On for dose modifications herapy Medications ide, 10 mg PO/IV q 6 Repeat every 28 days ne:	l 8-12 % = tion: □ Hematolog hours PRN	mg/m <sup>2</sup> =	oxicity:			
rifluridine) Proses  Reas  Post-Chemot  Metoclopram  Cycle length:  Physician Nan	O bid on days 1-5 and Modification: on for dose modifications herapy Medications ide, 10 mg PO/IV q 6 Repeat every 28 days ne: Verified by:	I 8-12 % = tion: □ Hematolog hours PRN	mg/m <sup>2</sup> = Other To	Oxicity:  Signature: Signature:			
rifluridine) Proses  Reas  Post-Chemot  Metoclopram  Cycle length:  Physician Nan	O bid on days 1-5 and Modification: On for dose modifications on for dose modifications ide, 10 mg PO/IV q 6 Repeat every 28 days ne: Verified by: Prepared by:	I 8-12% = tion: □ Hematolog hours PRN s ed by:	mg/m² =	Signature: Signature: Signature:			

## Reference:

Mayer RJ, Van Cutsem E, Falcone A, et al. Randomized trial of TAS-102 for refractory metastatic colorectal cancer. N Engl J Med. 2015;372(20):1909-1919. doi:10.1056/NEJMoa1414325



XELOX	Neo-adjuvant or Adjuvant Therapy for Early Colon Cancer and					
	Metastatic Colorectal Cancer , Oxaliplatin + Capecitabine					
Wt:	Ht:	BSA:	BMI:	Cycle #		
ANC:	Platelets:	Hb:		Delay treatment	week(s)	
		-		Date:		
Bilirubin:	ALT:	AST:	Creatinine:	Time: Location:		
Diagnosis:				Location.		
	nerapy Checklist					
□ CBC-diff		☐ Liver Enzymes	□ N/V control prior o	cycle 🗆 Other		
Pre-Chemoth	nerapy medications					
15 to 30 min	prior to XELOX trea	tment:				
o Neutipita	ant-Palonsteron 300/	0.5 mg Po ONCE be	efore chemotherapy d	av 1		
	thasone 8 mg Po ONC			-, -		
Chemothera						
OXALIPLATIN	I 130 mg/m <sup>2</sup> =	mg in 500 ml [	D5W for IV infusion over	er 2 hours on day1 (ROOM	TEMP.)	
				ng in 500 ml D5W for IV inf		
• Rea	son for dose modifica	tion: □ Hematolog	gy: 🗆 Other	Toxicity:		
Canecitabine	(XFI OX) 1000 mg/m <sup>2</sup>		orally TWICE a day wit	thin 30 minutes after the e	nd of a meal from	
day 1-14	(··,g,		,			
	e Modification:	% =	mg/m <sup>2</sup> =mg	g orally TWICE a day within	30 minutes after	
the	end of a meal from da	ay 1-14				
• Rea	son for dose modifica	tion: 🗆 Hematoloք	gy: 🗆 Oth	ner Toxicity:		
Post-Chemot	therapy Medications					
	pramide 10 mg PO/IV	q6h PRN N/V				
Cycle length:	: XELOOX = repeat ev	ery 21 days				
Physician Na	•	cry 21 days		Signature:		
Pharmacy	Verified by:			Signature:		
Indimacy	Prepared by:			Signature:		
	Checked & dispense	ed by:		Signature:		
Nursing	Checked & received			Signature:		
Administered by: Signature:						

# Reference:

Schmoll HJ, Cartwright T, Tabernero J, et al. Phase III trial of capecitabine plus oxaliplatin as adjuvant therapy for stage III colon cancer: a planned safety analysis in 1,864 patients. J Clin Oncol. 2007;25(1):102-109. doi:10.1200/JCO.2006.08.1075



XELOX- Neoadjuvant or Adjuvant Therapy for Metastatic Colorectal							
Bevacizur	nab Cancer	Cancer using Oxaliplatin, Capecitabine, AND Bevacizumab					
Wt:	Ht:	BSA:	BMI:	Cycle #			
ANC:	Platelets:	Hb:		Delay treatment	week(s)		
			<b>6</b>	Date:			
Bilirubin:	ALT:	AST:	Creatinine:	Time: Location:			
Diagnosis:				Location.			
	erapy Checklist						
□ CBC-diff		l □ Liver Enzymes	□ N/V control prior c	ycle 🗆 Other			
Pre-Chemoth	erapy medications						
15 to 30 min	prior to XELOX tro	eatment:					
o Neutipita	nt Palanstaran 201	1/0 5 mg Do ONCE h	efore chemotherapy da	ov 1			
-		NCE before chemoth		зу 1			
Chemothera		102 201010 0110111011	σ. αργ ααγ <u>-</u>				
OXALIPLATIN	130 mg/m <sup>2</sup> =	mg in 500 ml	D5W for IV over 2 hour	s on day1 (ROOM TEM	P.)		
• Dose	e Modification:	% =	$mg/m^2 = $ $m$	ng in 500 ml D5W for IV	/ infusion over 2 hours.		
<ul> <li>Reas</li> </ul>	on for dose modifi	cation: 🗆 Hematolog	gy: 🗆 Other	Toxicity:			
day 1-14  • Dose	e Modification:	% =	orally TWICE a day wit		he end of a meal from		
	of a meal from day			an Tandalan			
• Reas	son for dose modifi	cation: 🗆 Hematolog	gy: 🗆 Oth	ier Toxicity:			
Infuse over 90  • Dose	0 minutes for 1 <sup>st</sup> inf e Modification:	fusion, 60 minutes fo	00 ml 0.9% NaCl IV infor $2^{nd}$ infusion and 30 n mg/m <sup>2</sup> = mggy: $\square$ Oth	ninutes for subsequent g in 100 mL 0.9% NaCl f	or IV infusion		
Post-Chemot	herapy Medication	IS					
o Metoclop	oramide 10 mg PO/	IV q6h PRN N/V					
Cycle length:	XELOOX = repeat e	very 21 days					
Physician Nar	ne:			Signature:			
Pharmacy	Verified by:			Signature:			
	Prepared by:			Signature:			
	Checked & dispe	nsed by:		Signature:			
Nursing	Checked & receiv	ved by:		Signature:			
	Administered by			Signature:			



# Reference:

Jang HJ, Kim BJ, Kim JH, Kim HS. The addition of bevacizumab in the first-line treatment for metastatic colorectal cancer: an updated meta-analysis of randomized trials. Oncotarget. 2017;8(42):73009-73016. Published 2017 Aug 17. doi:10.18632/oncotarget.20314



XELIRI		Therapy for Metastatic Colorectal Cancer					
				XELIRI			
Wt:	Ht:	:	BSA:	BMI:		Cycle #	
ANC:	Pla	telets:	Hb:			Delay treatment	week(s)
						Date:	
Bilirubin:		ALT:	AST:	Creatinine:		Time: Location:	
Diagnosis:						Location.	
Pre-chemother	rapy Che	cklist					
			□ Liver Enzymes	□ N/V control prior cycle	□ Othe	r	
Pre-Chemothe	rapy me	dications					
o ONDanset o Dexameth	tron 8 m nasone 8	g IV ONCE, mg IV ON	CE, dilute with 50 n	nent: 0.9 Sodium chloride to be g nl 0.9 Sodium chloride to be rinotecan on Day 1			
Chemotherapy	/						
Dose     Reaso  Capecitabine 1     Dose     meal     Reaso	Capecitabine 1000 mg/m² =mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14						
Post-Chemoth	erapy M	edications	1				
o Loperamio QV Cream	de 4 mg, 1 as need	at the ons led for har	d-foot syndrome	then 2 mg every 2 hours ur	ntil patient	is diarrhea-free for 12 ho	ours
Cycle length: X		repeat eve	ry 21 days				
Physician Name						ignature:	
Pharmacy	Verifie					ignature:	
		red by:				ignature:	
	Checke	ed & dispe	nsed by:		S	ignature:	
Nursing		ed & receiv	•			ignature:	
	Admin	istered by	:		S	ignature:	



## Reference:

Patt YZ, Lee FC, Liebmann JE, et al. Capecitabine plus 3-weekly irinotecan (XELIRI regimen) as first-line chemotherapy for metastatic colorectal cancer: phase II trial results. Am J Clin Oncol. 2007;30(4):350-357. doi:10.1097/COC.0b013e31804b40bb



XELIRI-Bevaciz	umab	Therapy for Metastatic Colorectal Cancer			
			XELIRI-Bevacizum	nab	
Wt:	Ht: Platelets:	BSA: Hb:	BMI:	Cycle # Delay treatment	week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time: Location:	
Diagnosis:					
Pre-chemother					
□ CBC-diff □	☐ Chemistry Panel	☐ Liver Enzymes	□ N/V control prior cyc	cle 🗆 Other	
Pre-Chemother	rapy medications				
<ul><li>ONDanset</li><li>Dexameth</li></ul>	ron 8 mg IV ONCE, asone 8 mg IV ONC		.9 Sodium chloride to be I 0.9 Sodium chloride to	e given over 15 mint before chemo b be given over 15 mint before che	
Chemotherapy	,				
Dose     Reaso  Capecitabine 10     Dose     meal     Reaso  BEVACIZUMA Infuse over 90     Dose     Reaso  Reaso	Modification: on for dose modification: Modification: from day 1-14 on for dose modification: on minutes for 1st in the Modification: on for dose mod	# =	mg/m² = m gy: □ Other  /ICE a day within 30 min mg/m² = mg gy: □ Other  g IV in 100 ml) 0.9% N tes for 2 <sup>nd</sup> infusion an mg/m² =		day 1-14 tes after the end of a ycles.
	erapy Medications				
o Loperamic	amide 10 mg PO/I' de 4 mg, at the ons as needed for han	et of diarrhea and t	hen 2 mg every 2 hours	until patient is diarrhea-free for 1	2 hours
Cycle length: X	ELIRI = repeat eve	ry 21 days			
Physician Name				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispe			Signature:	
Nursing	Checked & receiv			Signature:	
	Administered by			Signature:	



## Reference:

Jang HJ, Kim BJ, Kim JH, Kim HS. The addition of bevacizumab in the first-line treatment for metastatic colorectal cancer: an updated meta-analysis of randomized trials. Oncotarget. 2017;8(42):73009-73016. Published 2017 Aug 17. doi:10.18632/oncotarget.20314



ABVD	DOXOrubicin, Bleomycin, vinBLAStine,	and Dacarbazine					
Wt:	 Ht: BSA: BMI:	Cycle # of					
	Platelets: Hb:	Delay treatment					
		week(s)					
Bilirubin: A	LT: HBsAg: HBcoreAb: Creatini	ne: Date: Time:					
Baseline Echo (Date)	://	Location:					
Diagnosis:							
Pre-chemotherapy (							
□ CBC & diff	□ Platelets □ Bilirubin □ ALT □ HBsAg,	HBcoreAb □ Other					
Pre-Chemotherapy r	medications						
•	mg + palonosetron 500 microgram capsule 30 to 60 mir	prior chemotherapy					
	g PO 30 to 60 min prior chemotherapy						
	2 12 mg PO/IV 30 to 60 min prior chemotherapy	stac prior to bloomyoin on days 1 and 15					
o hydrocortisone	100 mg IV in 50 to 100 mL 0.9% NaCl over 15 to 30 minu	ates prior to bieomycin on days 1 and 15					
Chemotherapy*							
DOXOrubicin 25 mg/	m <sup>2</sup> =mg IV push day 1 and 15.						
Dose Modif	ication: % = mg/m <sup>2</sup> = m	g IV push day 1 and 15.					
Reason for the second for the s	dose modification: $\Box$ Hematology: $\Box$ Other	Toxicity:					
vinBLAStine 6 mg/m <sup>2</sup>	<sup>2</sup> =mg in 50 mL 0.9% NaCl IV over 15 minut	es day 1 and 15.					
	ication:% = mg/m <sup>2</sup> = mg						
day 1 and 1							
Reason for a	dose modification: 🗆 Hematology: 🗆 Othe	er Toxicity:					
Bleomycin 10 units/r	$m^2 = $ units in 50 mL 0.9% NaCl IV over 15 m	inutes day 1 and 15.					
<ul> <li>Dose Modif</li> </ul>	fication:% = mg/m <sup>2</sup> = units	in mL 0.9% NaCl IV over 15 minutes					
day 1 and 1	5.						
Reason for the second for the s	Reason for dose modification:   Hematology:  Other Toxicity:						
Dacarbazine 375 mg /m $^2$ = mg in 500 mL 0.9% NaCl or D5W IV over 1 to 2 hours day 1 and 15.							
to 2 hours o	day 1 and 15.						
• Reason for dose modification:   Hematology:  Other Toxicity:							
Post-Chemotherapy	Post-Chemotherapy Medications						
Olanzapine 5 mg PO daily Day 2 - 4							
	<b>0</b> , ,						
Cycle length: Repeat every 28 days 4 – 6 cycles							

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

# References:

Canellos, G. P., J. R. Anderson, K. J. Propert, et al. 1992. "Chemotherapy of advanced Hodgkin's disease with MOPP, ABVD, or MOPP alternating with ABVD." N.Engl.J.Med.;327(21):1478-1484.



Bendamustine + Brentu	ıximab	Bendamust	ine + Brentuxi	mab vedotin	
Wt: Ht:	BSA:	BMI:		Cycle # of	
ANC: Platelets:	Hb:			Delay treatment	
Bilirubin: ALT:	HBsAg:	HBcoreAb:	Creatinine:	week(s) Date:	
				Time:	
Diagnosis:				Location:	
Pre-chemotherapy Checklist					
□ CBC & diff □ Platelets	□ Bilirubin	□ ALT	☐ HBsAg, HBco	reAb 🗆 Other	
Pre-Chemotherapy medicatio	ns				
Ondansetron 16 mg IV one	ce 30 minutes pr	rior to chemothe	rapy		
o Methylprednisolone 100 r	ng IV 60 minutes	s prior to brentux	kimab administrat	ion	
o Chlorphenamine 10 mg IV	•				
o Paracetamol 1 gm PO 30 r	· ·		· ·		
Consider tumor lysis synd			-		
	24-48 hours pr	ior chemotherap	y and continue fo	r up to 3 to 7 days after	
chemotherapy. + / -					
<ul> <li>Rasburicase 3 mg IV p</li> </ul>	rior chemothera	ару			
Chemotherapy*					
Brentuximab vedotin 1.8 mg/k	g =	ng in 150 ml 0 9%	NaCLIV over 30 i	minutes day 1	
				ml 0.9% NaCl IV ove	r 30 minutes
day 1.					
Reason for dose mod	ification: 🗆 Hem	atology:	Other Toxic	ty:	
Bendamustine 90 mg/m² =	mg in 5	600 ml NaCl 0.9%	IV over 60 minut	es day 1 and 2.	
	% =	mg/m <sup>2</sup> = _	mg in	ml NaCl 0.9% IV over	60 minutes
day 1 and 2.					
Reason for dose modi	ification: 🗆 Hem	iatology:	🗆 Other To	xicity:	
Post-Chemotherapy Medication	ons				
o Dexamethasone 8 mg PO	daily on days 2 8	દ્રે 3			
<ul> <li>Sulfamethoxazole/Trimetl</li> </ul>	•	2 times per wee	k.		
<ul> <li>Valacyclovir 500 mg PO Bi</li> </ul>					
o Fluconazole 300 mg PO da					
Cycle length: Repeat every 21 toxicity develops	days up to 6 cyc	ies as a bridge to	transplant unles:	s disease progression or	unacceptable

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

# References:

LaCasce A S, Bociek R G et al. Brentuximab vedotin plus bendamustine: a highly active first salvage regimen for relapsed or refractory Hodgkin lymphoma. Blood 2015 126(23)3982.



Bendamustine +		Ве	ndamustir	ne + Ritux	imab		
Rituximab							
Wt:	Ht:	BSA:	BMI:		Cycle #	of	
	-		DIVII.			-	week(s)
ANC:	Platelets:	Hb:			Date:		<del></del>
Bilirubin:	ALT:	HBsAg:	HBcoreAb:		Time: Location:		
Creatinine:					Location		
Diagnosis:							
Pre-chemothera							
	□ Platelets		□ ALT	□ HBsAg, H	BcoreAb	□ Other	
Pre-Chemothera	py medicatio	ns					
<ul><li>Dexamethas</li><li>Chlorphener</li><li>Diphenhydra</li><li>exceeds 4 ho</li></ul>	one 12 mg IV amine maleat Imine 50 mg I' ours.	0 minutes prior to 15-30 minutes pri e 10 mg IV once o V over 15 minutes prior rituximab	or to chemoth daily before be	erapy ndamustine	nen q 4 h d	uring the IV	/ infusion, if the infusion
Chemotherapy*							
Dose Mo and 2.	odification:	mg in 500 % = fication: Hemat	mg/m <sup>2</sup> = _	mg	in m	L 0.9% NaC	l IV over 1 hour days 1
riTUXimab 375 m	g/m <sup>2</sup> =	mg in 500 n	nL 0.9% NaCl I\	/ over 4 hours	dav 1 OR i	2.	
		% =					IV over 4 hours.
	for dose modi	fication: 🗆 Hemat	tology:	🗆 Othe	r Toxicity:		
Cycle 2-6:	) mg/m² -	mg in 500	ml 0.00/ NaCl	IV over 1 hour	r days 1 an	4.5	
							l IV over 1 hour days 1
Reason 1	for dose modi	fication: $\square$ Hemat	tology:	🗆 Other T	oxicity:		
<ul><li>Dose Mo</li><li>Reason f</li><li>If IV infu</li></ul>	odification: for dose modi sion tolerated neous adminis		m <sup>2</sup> = mg i tology: ions requiring o	in mL 0.9 Other early terminat	% NaCl IV Toxicity:_ ion), subse	over 4 hour	es can be given by
Post Chemothera	ару						



o Dexamethasone 8 mg PO daily days 2 and 3	
Cycle length: Repeat every 28 days for 6 Cycles	

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Bccancer.bc.ca. 2022. Chemotherapy Protocols. [online] Available at: <a href="http://www.bccancer.bc.ca/health-professionals/clinical-resources/chemotherapy-protocols">http://www.bccancer.bc.ca/health-professionals/clinical-resources/chemotherapy-protocols</a> [Accessed 2 July 2022].
- 2. NCCN. 2022. Guidelines Detail. [online] Available at: <a href="https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1415">https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1415</a> [Accessed 2 July 2022].



A+AVD	Brentuximab	Vedotin, DOXOru	ıbicin, vinBl	LAStine and			
		Dacarbazi	ne				
Wt:	Ht: BSA:	BMI:		Cycle # of			
ANC:	Platelets: Hb:			Delay treatment week(s)	<del></del>		
Bilirubin: A	LT: HBsAg:	HBcoreAb:	Creatinine:	Date:			
Baseline Echo (Date)	://	Fcho (Date)· / /	FF%·	Time:			
buseline zeno (bute)			_ 21 70.	Location:			
Diagnosis:							
Pre-chemotherapy (							
□ CBC & diff	□ Platelets □ Bilirubin	n 🗆 ALT 🗆	HBsAg, HBco	reAb 🗆 Other			
Pre-Chemotherapy r	nedications						
o Netupitant 300	mg + palonosetron 500 mi	icrogram capsule pri	or to chemoth	erapy			
o Dexamethasone	e 12 mg PO/IV 15-30 minut	tes prior to chemoth	erapy				
Chemotherapy*							
<ul> <li>Dose Modif</li> <li>Reason for of</li> <li>vinBLAStine 6 mg/m²</li> <li>Dose Modif</li> <li>day 1 and 1</li> </ul>	<ul> <li>Reason for dose modification:          Hematology:          Other Toxicity:          Other Toxicity:          Other Toxicity:          Other Toxicity:          Other Toxicity:          Pose Modification:</li></ul>						
Reason for (	dose modification:   Her	natology:	Other To	xicity:			
Dacarbazine 375 mg /m² = mg in 500 mL 0.9% NaCl or D5W IV over 1 to 2 hours day 1 and 15.  • Dose Modification: % = mg/m² = mg IV in mL 0.9% NaCl or D5W over 1 to 2 hours day 1 and 15.  • Reason for dose modification: □ Hematology: □ Other Toxicity:							
brentuximab vedotin 1.2 mg/kg = mg in 50 to 100 ml 0.9% NaCl IV over 30 minutes day 1 and 15.  • Dose Modification: % = mg/m² = mg in mL 0.9% NaCl IV over 30 minutes day 1 and 15.  • Reason for dose modification: □ Hematology: □ Other Toxicity:							
Post-Chemotherapy Medications							
o Dexamethasone	e 8 mg PO days 2-4						
Cycle length: Repeat	every 28 days x 6 cycles						

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Connors JM et al. Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma. N Engl J Med 2018;378(4):331-344.
- 2. Younes A et al. Brentuximab vedotin combined with ABVD or AVD for patients with newly diagnosed Hodgkin's lymphoma: a phase 1, open-label, dose-escalation study. Lancet Oncol 2013;14(13):1348-56.
- 3. Straus D et al. Brentuximab vedotin with chemotherapy for stage III/IV classical Hodgkin lymphoma: 3 year update of the ECHELON-1 study. Blood 2020;135(10):735-742.



СНОР	Doxorubicin, Cyclophosphamide, vincristine a	nd prednisone			
Wt:	Ht: BSA: BMI:	Cycle # of			
ANC:	Platelets: Hb:	Delay treatment week(s)			
Bilirubin: A	LT: HBsAg: HBcoreAb: Creatinine:	Date:			
Baseline Echo (Date)	://	Time: Location:			
Diagnosis:					
Pre-chemotherapy (	Checklist				
□ CBC & diff	□ Platelets □ Bilirubin □ ALT □ HBsAg, HBcon 	reAb 🗆 Other			
Pre-Chemotherapy	nedications				
<ul> <li>Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy</li> <li>Olanzapine 5 mg PO prior to chemotherapy</li> <li>Consider tumor lysis syndrome prophylaxis (depend on the risk):         <ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / -</li> <li>Rasburicase 3 mg IV prior chemotherapy</li> </ul> </li> </ul>					
Chemotherapy*					
<ul> <li>Dose Modif hour day 1.</li> </ul>	$^{1}$ 50 mg/m $^{2}$ =mg in 100 to 250 mL 0.9% NaCl IV over ication:% =mg/m $^{2}$ =mg in _ dose modification: $\Box$ Hematology: $\Box$ Other Toxici	mL 0.9% NaCl IV over 20 min to 1			
DOXOrubicin 50 mg/	m² =mg IV push day 1.				
	ication:% = mg/m <sup>2</sup> = mg IV pu dose modification:   Hematology:   Other Tox				
<ul><li>Dose Modif day 1.</li></ul>	$m^2 = $ mg (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over it cation: % =mg/m^2 =mg in dose modification: $\Box$ Hematology: $\Box$ Other Tox	mL 0.9% NaCl IV over 15 minutes			
Prednisolone 100 mg PO days 1-5					
Post-Chemotherapy	Medications				
<ul> <li>Olanzapine 5mg PO daily Day 2-4</li> <li>Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC &gt; 1.5 x10<sup>9</sup>cell /L for two consecutive days</li> </ul>					
	every 21 days or when the neutrophil and platelet counts has determined sooner than every 21 days x 6 to 8 cycles based				

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

## References:

1. Fisher RI, Gaynor ER, Dahlberg S, Oken MM, et al. Comparison of a standard regimen (CHOP) with three intensive chemotherapy regimens for advanced non-Hodgkin's lymphoma. N Engl J Med 1993;328:1002-6.



CVP	Cyclophosphamide, vincristine and prednisone					
Wt:	Ht: BSA: BMI:	Cycle # of				
ANC:	Platelets: Hb:	Delay treatment week(s) Date:				
Bilirubin:	ALT: Creatinine:	Time:				
Baseline Echo ([	Date):// EF%: Last Echo (Date):// EF%:	Location:				
Diagnosis:						
Pre-chemother	apy Checklist					
□ CBC & diff	□ Platelets □ Bilirubin □ ALT □ Other					
Pre-Chemother	apy medications					
o Consider tu ■ Allopui / -	on 8 mg PO 15-30 minutes prior to chemotherapy imor lysis syndrome prophylaxis (depend on the risk): rinol 300 mg po 24-48 hours prior chemotherapy and continue icase 3 mg IV prior chemotherapy	for up to 3 to 7 days after chemotherapy. +				
Chemotherapy <sup>3</sup>						
cyclophosphamide 1000 mg/m² =mg in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1.  • Dose Modification:% =mg/m² =mg inmL 0.9% NaCl IV over 20 min to 1 hour day 1.  • Reason for dose modification: □ Hematology: □ Other Toxicity:  vinCRIStine 1.4 mg/m² =mg (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over 15 minutes day 1.  • Dose Modification:% =mg/m² =mg IV inmL 0.9% NaCl IV over 15 minutes day 1.  • Reason for dose modification: □ Hematology: □ Other Toxicity:						
Cycle length: Repeat every 21 or 28 days x 8 cycles						
*For dose modification, refer to Cancer Drug references.						
Physician Name: Signature:						
	Verified by:	Signature:				
—	Prepared by:	Signature:				
(	Checked & dispensed by:	Signature:				
	Checked & received by:	Signature:				
/	Administered by:	Signature:				



Post-Chemotherapy Medications					
O Olanzapine 5 mg PO daily Day 6-8 PRN					
Cycle length: Repeat protocol every 21 days for 6 cycles					

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724



DHAP		Dexamethas	ethasone, CISplatin and Cytarabine					
Wt:	Ht:	BSA:	BMI:		Cycle # of			
ANC:	Platelets:	Hb:	LDH:		Delay treatment			
			2511.		week(s)			
Bilirubin: A	ALT: C	Creatinine:			Date: Time:			
					Location:			
Diagnosis:								
Pre-chemotherapy (								
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	□ Other				
Pre-Chemotherapy								
	-	•	•	•				
•	• .	_		•		infusion		
		-		during and for s	o days after cytarabine	iniusion		
				risk):				
			-		or up to 3 to 7 days afte	er		
chemothera	apy. + / -	•						
Rasburicase	e 3 mg IV prior o	chemotherapy						
Chemotherapy*	Chemotherapy*							
Dexamethasone 40	mg PO/IV infusi	on day 1 - 4.						
CISplatin 100 mg/m <sup>2</sup>	<sup>2</sup> = r	ng in 1000 ml 0.	9% NaCl IV in	fusion over 24 h	ours day 1.			
					_ ml 0.9% NaCl IV infus	ion over 24		
hours day 1								
o Reason for	dose modificati	ion: 🗆 Hematolo	ogy:	_ $\square$ Other Toxici	ty:			
Cutavahina 2000 ma	- /?	in 1000 m	1 0 00/ N=Cl I	/:-fi	. h a	da2		
		1118.	/''''	''ig ''' '''' 0.	370 Naci IV Over 2 noui	3 EVELY 12		
_		ion: 🗆 Hematolo	ogy:	Other Toxic	city:			
Post-Chemotherapy Medications								
	1000 ml IV + 20	mEq potassium	chloride + 1 {	gm magnesium s	sulphate IV over 1 hour	post cisplatin		
infusion.								
			uod until ANC	`>1v10 <sup>9</sup> /L for 2	consocutive days			
				· ~ IXIO / L IOI 2 (	consecutive days			
ClSplatin 100 mg/m²  Dexamethasone 40 no Reason for Cytarabine 2000 mg, Dose Modif hours day 1 Reason for Post-Chemotherapy ClSplatin 2000 mg, Dose Modif hours day 1 Reason for Cytarabine 2000 mg, Dose Modif hours day 2 Reason for Post-Chemotherapy Olanzapine 5 mg	medications  In Platelets  medications  In PO once 30 m  In Mypalonosetro  e 0.1% eye 2 dro  on IV over 1 hor  r lysis syndrome  I 300 mg po 24-4  rapy. + / -  e 3 mg IV prior of  mg PO/IV infusi  2 =n  fication:  fication:  dose modifications  1000 ml IV + 20  mg PO daily on da  mcg SC daily from	on 500 micrographs in each eye of pur pre cisplating prophylaxis (de 48 hours prior classed the motherapy from day 1 - 4.  Ing in 1000 ml 0.  ———————————————————————————————————	chemotherapy am PO 1 hour every 4 hours infusion. epend on the endemotherapy  9% NaCl IV in mg/m² =  ogy: chloride + 1 g  ued until ANC	prior to chemote during and for 5 risk): and continue for series and continue for 5 risk): fusion over 24 h and continue for 5 risk): and continue for 5 risk): fusion over 24 h and continue for 5 risk): and continue for 5 risk): and continue for 5 risk): fusion over 24 h and continue for 5 risk): and continue for 6 risk): and co	or up to 3 to 7 days after ours day 1.  mours day 1.  ml 0.9% NaCl IV infusty:  hours every 12 hours 9% NaCl IV over 2 hours	ion over 24  day 2. rs every 12		

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Velasquez WS. et al. Effective Salvage Therapy for Lymphoma with CISplatin in combination with High Dose Ara\_C and Dexamethasone (DHAP). Blood; 1988;71:117-122
- 2. Josting A, Rudolph C, et al. Time-intensified dexamethasone/cisplatin/cytarabine: an effective salvage therapy with low toxicity in patients with relapsed and refractory Hodgkin's disease. Ann Oncol. 2002;13(10):1628
- 3. Gisselbrecht C, Glass B, Mounier N, et al. Salvage regimens with autologous transplantation for relapsed large B-cell lymphoma in the rituximab era. J Clin Oncol 2010;28:4184-4190.



ESHAP	Meth	ylprednisolo	ne, Etopo	side, CISplatin a	and Cytarabine		
Wt:	Ht:	BSA:	BMI:		Cycle # of		
ANC:	Platelets:	Hb:	LDH:		Delay treatment		
Bilirubin:	ALT:	Hric	: Acid:	Creatinine:	week(s) Date:		
Dilli abili.	ALI.	One	, Acia.	creatimine.	Time:		
					Location:		
Diagnosis:							
Pre-chemotherapy		- Dillim de in	_ ALT	11=:- A =:-I	- Oth		
		□ Bilirubin	□ ALI	□ Uric Acid	□ Other		
Pre-Chemotherapy	medications						
o Netupitant 300	) mg + palonos	etron 500 micro	ogram capsu	ıle 30 to 60 min pr	or chemotherapy		
o Olanzapine 5 n							
				ours during and for	3 days after cytarabine infusion.		
<ul><li>0.9% NaCl 1000</li><li>Consider tumo</li></ul>		•		ho rick):			
			-	•	or up to 3 to 7 days after		
chemothe		-48 flours prior	CHEIHOUHEI	apy and continue i	or up to 3 to 7 days after		
	• •	r chemotherapy	<i>I</i> .				
Chemotherapy*			<u>,</u>				
	.2 _	ma in FOO ml	0 00/ NaCl IV	/ aver 1 have days	1 4		
Etoposide 40 mg/m  • Dose Mod					ml 0.9% NaCl IV over 1 hour.		
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity: □ Methylprednisolone 500 mg in 100 ml 0.9% NaCl IV over 30 minutes days 1-5.							
	_			•			
CISplatin 25 mg/m <sup>2</sup>							
					in ml 0.9% NaCl IV over 24 ho	urs.	
o Reason for	dose modifica	ition. 🗆 nemat	ology		oxicity:		
Cytarabine 2000 mg	g/m <sup>2</sup> =	mg in 10	00 ml 0.9% l	NaCl IV over 2 hou	rs day 5.		
o Dose Mod	Cytarabine 2000 mg/m <sup>2</sup> = mg in 1000 ml 0.9% NaCl IV over 2 hours day 5.  o Dose Modification: % = mg/m <sup>2</sup> = mg in ml 0.9% NaCl IV over 3 hours.						
o Reason for	r dose modifica	ition: 🗆 Hemat	ology:	🗆 Other To	xicity:		
Post-Chemotherap	y Medications						
-			m chloride -	+ 1 gm magnesium	sulphate IV over 1 hour post cispla	tin	
infusion.					•		
o Olanzapine 5 n				0			
				1x10 <sup>9</sup> /L for 2 cons	ecutive days		
Cycle length: repeat every 21 or 28 days for 3-6 cycles.							

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
Checked & dispensed by:		Signature:
Nursing	Checked & received by:	Signature:
Administered by:		Signature:

- 1. Velasquez WS. et al. ESHAP- An effective chemotherapy regimen in Refractory and Relapsing Lymphoma: A 4-year Follow up Study. J Clin Oncol 1994;12, (6):1169-1176.
- 2. Aparicio J, Segura A. et al. ESHAP is an active regimen for relapsing Hodgkin's disease. Ann Oncol. 1999;10(5):593.



GDP			Gemcitabine	Gemcitabine, Dexamethasone and CISplatin					
Wt:		Ht:	BSA:	BMI:		Cycle # of			
ANC:	1	Platelets:	Hb:			Delay treatment Date:	week(s)		
Bilirubin:	Α	LT:	Creatinine:			Time:			
						Location:	_		
Diagnosis:	Pre-chemotherapy Checklist								
			— Dili	_ ALT	- C	- Oth			
□ CBC & diff		□ Platelets	□ Bilirubin	□ ALT	□ Creatinine:	□ Other			
Pre-Chemoth									
-			setron 500 microg	ram capsule	prior to chemoth	nerapy			
•		•	chemotherapy	· · · · · · · · · · · · · · · · · · ·					
o 0.9% NaC	1 1000	mi iv over 1	hour pre cisplatin	infusion.					
Chemotherap	•								
	Gemcitabine 1000 mg/m <sup>2</sup> =mg in 250 mL 0.9 NaCl IV over 30 minutes day 1 and 8.								
day 1 and 8.  ○ Reason for dose modification: □ Hematology: □ Other Toxicity:									
o Reas	on for	dose modific	ation: 🗆 Hemato	logy:	🗆 Other Toxio	city:			
CISplatin 75 n	ng/m²	=	mg in 500 mL 0.9	NaCl IV ove	r 1 hour day 1.				
o Dose	Modif	ication:	% =	_ mg/m <sup>2</sup> = _	mg in	mL 0.9 NaCl IV ov	er 1 hour day 1.		
o Reas	on for	dose modific	ation: 🗆 Hemato	logy:	Other Toxio	city:	<del></del>		
Dexamethasone 40 mg PO days 1 to 4									
Post-Chemotherapy Medications									
o 0.9% NaC	0.9% NaCl 500 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin								
infusion.									
Olanzapine 5 mg PO daily Day 2-4									
Cycle length: Repeat every 21 days for 3-6 cycles									
*For dose modification, refer to Cancer Drug references.									
Physician Nan	ne:					Signature:			
Pharmacy		ed by:				Signature:			
		ared by:				Signature:			
	Chec	ked & dispen	sed by:			Signature:			
Nursing		ked & receive	ed by:			Signature:			
	Admi	nistered by:				Signature:			



# References:

1. Crump et al. Randomized comparison of gemcitabine, dexamethasone, and cisplatin versus dexamethasone, cytarabine, and cisplatin chemotherapy before autologous stem-cell transplantation for relapsed and refractory aggressive lymphomas: NCIC-CTG LY.12. JCO 2014; 32(31):3490-96.



HDMTX	(	High-Dose Methotrexate							
Wt:	ŀ	Ht:	BSA:	BMI:			Cycle # of		
ANC:	P	Platelets:	Hb:	Na:	K:	Urine	Delay treatment		
		iatelets.	110.	i va.	ι	Office	week(s)		
pH:							Date:		
Bilirubin:		ALT:	A	ST: Cr	eatinine	:	Time: Location:		
Diagnosis:									
Pre-chemothe	Pre-chemotherapy Checklist								
□ CBC & diff		Platelets	□ Bilirubin	□ ALT		Other			
Pre-Chemotherapy medications									
<ul> <li>Stop TMB/SMX, PPIs, and Penicillin on day of methotrexate and for 72 hours the start of methotrexate or until methotrexate level is less than 0.1 micromol/L.</li> <li>Ondansetron 8 mg PO/IV 30 minutes before methotrexate</li> <li>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.</li> </ul>									
Chemotherap	y*								
Methotrexate 1-12 gm/m² =mg in in 1000 ml 0.9% NaCl IV over 4 hours.  • Dose Modification:% =mg/m² =mg inml 0.9% NaCl IV over 4 hours.  • Reason for dose modification: □ Hematology:□ Other Toxicity:  Leucovorin 25 mg IV every 6 hours for 4 doses then PO until methotrexate level less than 0.1 micromol/L (Starting 24 hours after start of methotrexate infusion). (Refer to Ca Leucovorin dose adjustments based on MTX level in subsequent days.)									
Post-Chemotl									
o Continue hydration post-methotrexate infusion until methotrexate level is less than 0.1 micromol/L.									
Cycle length: If well tolerated, may be given every 1-4 week.									
*For dose modification, refer to Cancer Drug references.									
Physician Nan	ne:						Signature:		
Pharmacy	Verifi	•					Signature:		
		red by:					Signature:		
		ed & dispen	<del>-</del>				Signature:		
Nursing	Check	ed & receive	ed by:				Signature:		
	Admir	nistered by:					Signature:		



- 1. Bleyer WA. Methotrexate: clinical pharmacology, current status and therapeutic guidelines. Cancer Treat Rev 1977;4:87-101.
- 2. Ranchon F, Vantard N, Gouraud A, et al. Suspicion of drug-drug interaction between highdose methotrexate and proton pump inhibitors: a case report should the practice be changed? Chemotherapy 2011;57(3):225-9.



Nivolum	Nivolumab Nivolumab for relapsed or refractory classical Hodgkin lymphoma					
Wt:	Ht: Platelets:	BSA: Hb:	BMI:		Cycle # of Delay treatment	
ANC:	Platelets:	ΠD:			week(s)	
Bilirubin:	ALT:	AST:	Crea	tinine:	Date:	
LDH: 1	ΓSH: Na:	K:			Time:	
					Location:	
Diagnosis:						
Pre-chemoth	erapy Checklist					
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	☐ Creatinine:	□ Other	
Pre-Chemoth	erapy medications					
O Acetaminophen 1000 mg PO 30 minutes prior to treatment O Hydrocortisone 25 mg IV 30 minutes prior to treatment  Chemotherapy*  Nivolumab 6 mg/kg (maximum 480 mg) =mg in 50 to 100 mL 0.9% NaCl IV over 30 minutes.  • Dose Modification:% =mg/m² =mg inmL 0.9% NaCl IV over 30 minutes.  • Reason for dose modification: □ Hematology:□ Other Toxicity:  Post-Chemotherapy Medications						
-						
Cycle length: Repeat every 4 weeks until disease progression or unacceptable toxicity						
*For dose modification, refer to Cancer Drug references.						
Physician Nar	ne:				Signature:	
Pharmacy	Verified by:				Signature:	
	Prepared by:				Signature:	
	Checked & dispen	sed by:			Signature:	
Nursing	Checked & receive	ed by:			Signature:	
	Administered by:				Signature:	

# References:

1. Younes A, Santoro A, Shipp M, et al. Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: a multicentre, multicohort, single-arm phase 2 trial. Lancet Oncol 2016;17(9):1283-94.



Polatuzumab +	Po	Polatuzumab, Bendamustine and				
Bendamustine + Rituximab		Rit	tuximab			
Wt: Ht:	BSA:	BMI:		Cycle # of		
ANC: Platelets:	Hb:			Delay treatment Date:	week(s)	
Bilirubin: ALT:	HBsAg:	HBcoreAb:		Time:		
Creatinine:				Location:		
Diagnosis:						
Pre-chemotherapy Checklist						
☐ CBC & diff ☐ Platelets	□ Bilirubin	□ ALT	□ HBsAg, H	IBcoreAb □ Other		
Pre-Chemotherapy medications						
<ul> <li>Ondansetron 8 mg IV 15-30 r</li> <li>Dexamethasone 12 mg IV 15</li> <li>Diphenhydramine 50 mg IV c</li> <li>Paracetamol 1000 mg PO pri</li> </ul>	-30 minutes pri over 15 minutes	or to chemothe prior to riTUXi	erapy day 2 a imab and Pola			
Chemotherapy*						
riTUXimab 375 mg/m² =  • Dose Modification:  • Reason for dose modific  • If IV infusion tolerated (resubcutaneous administration) 1400 mg (fixed dosest polatuzumab vedotin 1.8 mg/kg =  • Dose Modification:  minutes day 2.  • Reason for dose modification:	% = ation: □ Hema no severe react ation. e ) Subcutaneou =mg % =	mg/m² = _ itology: ions requiring e is over 5 minut g in 250 ml 0.9% mg/m² = _	mg i □ Othe early terminat es into abdon 6 NaCl IV over mg i	m mL 0.9% NaCl r Toxicity: ion), subsequent dose ninal wall day 1. 1 hour and 30 minute m ml 0.9% NaCl	es can be given by es day 2. IV over 1 hour and 30	
Bendamustine 90 mg/m² =  • Dose Modification: 2 and 3. • Reason for dose modific  Post Chemotherapy	% =	mg/m <sup>2</sup> = _	mg	; in mL 0.9% NaC		



- o Dexamethasone 8 mg PO daily days 4 and 5
- o Filgrastim 300 mcg SC daily for 5 days from day 7.
- o Cotrimoxazole DS 1 tab PO 2 times each week
- o Acyclovir 400 mg PO BID for the duration of chemotherapy and continue for 6 months after treatment completion

Cycle length: Repeat every 21 to 28 days for 6 Cycles

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Sehn LH, Herrera AF, Flowers CT, et al. Polatuzumab vedotin in relapsed or refractory diffuse Large B-cell Lymphoma. J Clin Oncol 2020; 38(2):155-65.
- 2. Hoffmann-La Roche Limited. POLIVY® product monograph. Mississauga, ON; July 2021



R-CHOP	Rituximab, Doxorubicin, Cyclophosphamide, vincristine and						
			prednison	е			
Wt:	Ht:	BSA:	BMI:		Cycle # of		
ANC:	Platelets:	Hb:			Delay treatment	week(s)	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:		Date: Time:		
Creatinine:	ALI.	HBSAg.	TIBCOTEAD.		Location:		
Rasalina Echo (F	Date): / /	EF%: Last Ec	ho (Date): /	/ FE%.			
Diagnosis:	Jate)//	LI 70. Last LC	(Date))_	/ L1 /0.			
Pre-chemother	apy Checklist						
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	□ HBsAg, I	HBcoreAb □ Other		
Pre-Chemother	apy medication	s					
-		etron 500 microgra	m capsule prior	to chemothera	ру		
•	5 mg PO prior to c	' '	r to riTUXimah I	V and then a 4	h during the IV infusion	if the infusion exceeds 4	
hours.	e 30 mg rv 0v	er 13 miliates prio		v and then q i	in during the rv initiation,	The initiation exceeds 1	
	1000 mg PO prio						
		e prophylaxis (depe	-				
-			emotherapy and	continue for u	p to 3 to 7 days after che	emotherapy. +/-	
- Rasburi	case 3 mg IV prior	cnemotherapy					
Chemotherapy*							
cyclophosphamide 750 mg/m $^2$ =mg in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1.							
					0 min to 1 hour day 1 mL 0.9% NaCl IV over	20 min to 1 hour day 1	
					IIIL 0.9% NACI IV OVEI	20 min to 1 mour day 1.	
DOXOrubicin 50 n	mg/m <sup>2</sup> =	mg IV push day	1.				
Dose M	odification:	% =	mg/m <sup>2</sup> =	mg IV push	day 1.		
					ity:		
in CDICtin a 1 4 ma	~ /?			V N=CLIV =	15 minutes deu 1		
		mg (MAX= 2 mg) % =			0.9% NaCl IV over 15	Sminutes day 1	
						—	
Prednisolone 100	mg PO days 1-5						
riTUXimab 375 m	g/m <sup>2</sup> =	mg in 500 mL 0.9	% NaCl IV over	4 hours day 1 C	)R 2.		
Dose M	odification:	% =	mg/m <sup>2</sup> =	mg in	_mL 0.9% NaCl IV over 4	hours.	
<ul> <li>Reason</li> </ul>	for dose modifica	ition: 🗆 Hematolog	gy:	□ Other Toxic	ity:	_	
		ubsequent doses ca					
0 14	<ul> <li>1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2.</li> </ul>						
Post-Chemothera	apy Medications						



- O Olanzapine 5 mg PO daily Day 2-4
- o Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC > 1.5 x109 cell /L for two consecutive days

Cycle length: Repeat every 21 days x 6 to 8 cycles based on indication

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing Checked & received by:		Signature:	
	Administered by:	Signature:	

#### References:

1. Delarue, R., C. Haioun, V. Ribrag, et al. 2013. "CHOP and DHAP plus rituximab followed by autologous stem cell transplantation in mantle cell lymphoma: a phase 2 study from the Groupe d'Etude des Lymphomes de l'Adulte." Blood 121(1):48-53.



R-CVP	Rituxin	nab, Cyclopho	osphamide, v	incristine and	prednisone	
Wt:	Ht:	BSA:	BMI:		Cycle # of	
ANC:	Platelets:	Hb:			Delay treatment	
		-			week(s)	
Bilirubin:	Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine: Date: Time:					
Baseline Echo (Date):// EF%: Last Echo (Date):// EF%: Location:						
Diagnosis:						
Pre-chemothera						
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	□ HBsAg, HBco	reAb 🗆 Other	
	apy medications					
<ul> <li>Diphenhydr infusion exc</li> <li>Paracetamo</li> <li>Consider tu</li> <li>Allopur chemoto</li> </ul>	<ul> <li>infusion exceeds 4 hours.</li> <li>Paracetamol 1000 mg PO prior rituximab</li> <li>Consider tumor lysis syndrome prophylaxis (depend on the risk):</li> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / -</li> </ul>					
Chemotherapy*						
<ul> <li>Dose N hour da</li> </ul>	lodification:	% =	mg/m <sup>2</sup> =	mg in _	ver 20 min to 1 hour day 1 mL 0.9% NaCl IV over 20 min to 1	
Dose N     minute	lodification: s day 1.	% =	mg/m <sup>2</sup> =	mg IV in	ver 15 minutes day 1 mL 0.9% NaCl IV over 15 xicity:	
Prednisolone 10	0 mg PO days 1-	5				
<ul><li>Dose N</li><li>Reason</li><li>If IV inf</li><li>14</li></ul>	mg/m² = lodification: for dose modific usion tolerated, s 00 mg Subcutane peat every 21 or	% = cation: □ Hemat subsequent dos cous over 5 minu	mg/m² = tology: es can be given utes into abdom	mg in □ Other To by subcutaneous	mL 0.9% NaCl IV over 4 hours. xicity: s administration.	

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name: Signature:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

# References:

1. Marcus R, Imrie K, et al. An international, multi-centre, randomized, open-label phase III trial comparing rituximab added to CVP chemotherapy to CVP chemotherapy alone in untreated stage III/IV follicular non-Hodgkin's lymphoma. Blood 2003; 102; 28a (abstract 87)



R-DHAP riTUXimab, Dexamethasone, CISplatin and Cytarabine						
Wt: Ht: BSA: BMI: Cycle # of						
ANC: Platelets: Hb: LDH: Delay treatment week(s) Date:						
Bilirubin: ALT: HBsAg: HBcoreAb: Time:						
Creatinine: Location:						
Diagnosis:						
Pre-chemotherapy Checklist						
□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other						
Pre-Chemotherapy medications						
<ul> <li>Olanzapine 5 mg PO once 30 minutes prior to chemotherapy</li> <li>Netupitant 300 mg/palonosetron 500 microgram PO 1 hour prior to chemotherapy</li> <li>Diphenhydramine 50 mg IV over 15 minutes prior to riTUXimab IV and then q 4 h during the IV infusion, if the infusion exceeds 4 hours.</li> <li>Paracetamol 1000 mg PO prior rituximab</li> <li>Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion</li> <li>0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion.</li> <li>Consider tumor lysis syndrome prophylaxis (depend on the risk):         <ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. +</li> <li>/ -</li> </ul> </li> </ul>						
Rasburicase 3 mg IV prior chemotherapy  Chemotherapy*						
Dexamethasone 40 mg PO/IV infusion day 1 - 4.						
riTUXimab 375 mg/m² =mg in 500 ml 0.9% NaCl IV infusion over 4 hours day 1.						
Dose Modification:% = mg/m <sup>2</sup> = mg in ml 0.9% NaCl IV infusion over 4 hours.						
day 1.						
Reason for dose modification:      Hematology:      Other Toxicity:						
If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by						
subcutaneous administration.						
<ul> <li>1400 mg (fixed dose) Subcutaneous over 5 minutes into abdominal wall day 1.</li> </ul>						
CISplatin 100 mg/m <sup>2</sup> = mg in 1000 ml 0.9% NaCl IV infusion over 24 hours day 1.						
O Dose Modification:% = mg/m <sup>2</sup> = mg in ml 0.9% NaCl IV infusion over 24 hours						
day 1.						
Reason for dose modification: □ Hematology: □ Other Toxicity:						
Cytarabine 2000 mg/m <sup>2</sup> = mg in 1000 ml 0.9% NaCl IV infusion over 2 hours every 12 hours day 2.						
O Dose Modification:% = mg/m <sup>2</sup> = mg in ml 0.9% NaCl IV over 2 hours every 12 hours day 2.						
o Reason for dose modification:   Hematology:   Other Toxicity:						
Post-Chemotherapy Medications						



- o 0.9% NaCl 500-1000 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin infusion.
- Olanzapine 5 mg PO daily on days 2 4.
- o Filgrastim 300 mcg SC daily from day 6, Continued until ANC >1x109/L for 2 consecutive days

Cycle length: Repeated at 21 days for up to 6 cycles.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Velasquez WS. et al. Effective Salvage Therapy for Lymphoma with CISplatin in combination with High Dose Ara\_C and Dexamethasone (DHAP). Blood; 1988;71:117-122
- 2. Josting A, Rudolph C, et al. Time-intensified dexamethasone/cisplatin/cytarabine: an effective salvage therapy with low toxicity in patients with relapsed and refractory Hodgkin's disease. Ann Oncol. 2002;13(10):1628



R-ESHAP	riTUXimab, N	lethylpredni	isolone, Etop	oside, CISpla	tin and Cytarabine		
Wt:	Ht:	BSA:	BMI:		Cycle # of		
ANC:	Platelets:	Hb:	LDH: Uric	Acid:	Delay treatment Date:	week(s)	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:		Time:		
Creatinine:					Location:		
Diagnosis:							
Pre-chemothe	rapy Checklist						
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	□ HBsAg, HB	coreAb 🗆 Other		
	erapy medications						
-				e 30 to 60 min pi	ior chemotherapy		
-	e 5 mg PO 30 to 60	-		(imah IV and tha	n q 4 h during the IV infu	usion if the	
	xceeds 4 hours.	over 15 minute	ss prior to riroz	and the	ii q 4 ii during the iv iiiid	Sion, ii the	
	nol 1000 mg PO pr	ior rituximab					
	Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 3 days after cytarabine infusion.						
o 0.9% NaCl	0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion.						
<ul> <li>Consider t</li> </ul>							
■ Allop	<ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.</li> </ul>						
+ / -							
<ul><li>Rasb</li></ul>	uricase 3 mg IV pri	or chemother	эру				
Chemotherap							
	mg/m <sup>2</sup> =						
<ul> <li>Reaso</li> </ul>							
Methylprednisolone 500 mg in 100 ml 0.9% NaCl IV over 30 minutes days 1-5.							
CISplatin 25 m	g/m <sup>2</sup> =	mg in 1000	ml 0.9% NaCl IV	/ over 24 hours	days 1-4.		
					g in ml 0.9% NaCl IV	over 24 hours.	
					Toxicity:		
Cytarabine 2000 mg/m <sup>2</sup> = mg in 1000 ml 0.9% NaCl IV over 2 hours day 5.							
o Dose Modification:% =mg/m <sup>2</sup> =mg in ml 0.9% NaCl IV over 3 hours.							
o Reaso	Reason for dose modification:      Hematology:      Other Toxicity:						
riTUXimab 375 mg/m <sup>2</sup> =mg in 500 mL 0.9% NaCl IV over 4 hours day 1.							
					mL 0.9% NaCl IV ov		
					Гохісіty:		
			tions requiring	early terminatio	n), subsequent doses car	າ be given by	
subcu	ıtaneous administr	ation.					
0 1	<ul> <li>1400 mg (fixed dose in 13.4 mL) Subcutaneous over 7 minutes into abdominal wall day 1</li> </ul>						
Post-Chemoth	erapy Medication	S					



- o 0.9% NaCl 500-1000 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin infusion.
- Olanzapine 5 mg PO daily Day 6 8
- $\circ$  Filgrastim 300 mcg SC from day 6 Continued until ANC > 1x10<sup>9</sup>/L for 2 consecutive days

Cycle length: repeat every 21 or 28 days for 3-6 cycles.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

- 1. Velasquez WS. et al. ESHAP- An effective chemotherapy regimen in Refractory and Relapsing Lymphoma: A 4-year Follow up Study. J Clin Oncol 1994;12, (6):1169-1176.
- 2. Aparicio J, Segura A. et al. ESHAP is an active regimen for relapsing Hodgkin's disease. Ann Oncol. 1999;10(5):593.



R-GDP	P RiTUXimab, Gemcitabine, Dexamethasone and CISplatin					
Wt:	Ht:		BSA:	BMI:		Cycle # of
ANC:	Plat	elets:	Hb:			Delay treatment week(s)
Bilirubin:	ALT:		HBsAg:	HBcoreAb:	Creatinine:	
Diamasia						Location:
Diagnosis:	erany Che	rklist				
□ CBC & diff	Pre-chemotherapy Checklist  □ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other					
Pre-Chemoth	erapy med	dications	<u> </u>			
<ul> <li>Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy</li> <li>Olanzapine 5 mg PO prior to chemotherapy</li> <li>0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion.</li> <li>Diphenhydramine 50 mg IV over 15 minutes prior to riTUXimab IV and then q 4 h during the IV infusion, if the infusion exceeds 4 hours.</li> <li>Paracetamol 1000 mg PO prior rituximab</li> </ul>						
Chemotherap	y*					
Gemcitabine 1000 mg/m² =mg in 250 mL 0.9 NaCl IV over 30 minutes day 1 and 8.  o Dose Modification:% =mg/m² =mg inmL 0.9 NaCl IV over 30 minutes day 1 and 8.  o Reason for dose modification: □ Hematology: □ Other Toxicity:  CISplatin 75 mg/m² =mg in 500 mL 0.9 NaCl IV over 1 hour day 1.  o Dose Modification:% =mg/m² =mg inmL 0.9 NaCl IV over 1 hour day 1.  o Reason for dose modification: □ Hematology: □ Other Toxicity:						
Dexamethasone 40 mg PO days 1 to 4						
riTUXimab 375 mg/m² =mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2.  o Dose Modification:% =mg/m² =mg inmL 0.9% NaCl IV over 4 hours.  o Reason for dose modification: □ Hematology:□ Other Toxicity:  o If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.  o 1400 mg Subcutaneous over 7 minutes into abdominal wall day 1 OR 2.						
Post-Chemotl	herapy Mo	dication	ıs			
<ul> <li>0.9% NaCl 500 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin infusion.</li> <li>Olanzapine 5 mg PO daily Day 2-4</li> </ul>						
Cycle length:	Repeat ev	ery 21 da	ays for 3-6 cycles			
*For dose mod	ification, r	efer to C	ancer Drug refe	ences.		
Physician Nan	ne:				Sig	nature:
Pharmacy	Verified	oy:			Sig	nature:
	Prepared					nature:
	Checked	& disper	ised by:		Sig	nature:



Ī	Nursing	Checked & received by:	Signature:
		Administered by:	Signature:

- 1. Crump et al. Randomized comparison of gemcitabine, dexamethasone, and cisplatin versus dexamethasone, cytarabine, and cisplatin chemotherapy before autologous stem-cell transplantation for relapsed and refractory aggressive lymphomas: NCIC-CTG LY.12. JCO 2014; 32(31):3490-96.
- 2.Gopal et al. Efficacy and safety of gemcitabine, carboplatin, dexamethasone, and rituximab in patients with relapsed/refractory lymphoma:a prospective multi-center phase II study by the Puget Sound Oncology Consortium. Leuk Lymphoma.2010; 51(8):1523-9.
- 3. Moccia et al. Gemcitabine, dexamethasone, and cisplatin (GDP) is an effective and well-tolerated salvage therapy for relapsed/refractory diffuse large B-cell lymphoma and Hodgkin lymphoma. Leuk Lymphoma. 2017; 58(2):324-332.



R-GEMOX		Rituxima	b, Gemcitab	ine, and Oxali	platin	
Wt:	Ht:	BSA:	BMI:		Cycle # of	
ANC:	Platelets:	Hb:			Delay treatment week(s)	
Bilirubin: A	LT:	HBsAg:	HBcoreAb:	Creatinine:	Date:	
					Time: Location:	
Diagnosis:						
Pre-chemotherapy	Checklist					
□ CBC & diff	□ Platelets	□ Bilirubin	□ ALT	□ HBsAg, HBco	oreAb 🗆 Other	
Pre-Chemotherapy	medications					
o Ondansetron 8	_	-	-	-		
o Dexamethason	_		•			
	_	over 15 minutes	prior to riTUXi	mab IV and then	q 4 h during the IV infusion, if the	
infusion exceed						
o Paracetamol 10	oo mg PO pri	orrituximab				
Chemotherapy*						
:TINC 1 275 /	2	: 500	1 0 00/ N Cl II			
riTUXimab 375 mg/m2 =mg in 500 mL 0.9% NaCl IV over 4 hours day 1.  • Dose Modification:% =mg/m2 =mg in mL 0.9% NaCl IV over 4 hours.						
Reason for dose modification:      Hematology:      Other Toxicity:						
	If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.					
		-	_	ninal wall day 1.	s autilitisti ation.	
0 140011	ig Jubeuturie	ous over 5 mm		illiai wali day 1.		
Gemcitabine 1000 m	ng/m <sup>2</sup> =	mg in 25	50 ml 0.9% NaC	l over 1 hour 30 r	minutes day 2.	
					ml 0.9% NaCl over 1 hour 30 minutes	
day 2.						
<ul> <li>Reason for</li> </ul>	dose modific	ation: 🗆 Hemat	tology:	🗆 Other To	xicity:	
Oxaliplatin 100 mg/r	m² -	ma in E00 n	nl glucoso E0/ IV	Lover 2 hours da	w 2	
					y 2. nl 0.9% NaCl over 2 hours day 2.	
					xicity:	
Neason for	dose modific		<u></u>		Aicity.	
Post-Chemotherapy	Medications	5				
<ul> <li>Dexamethasone</li> </ul>						
Cycle length: Repeat	t every 14 da	ys for 3 – 8 cvcl	es.			

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. El Gnaoui T et al. Rituximab, gemcitabine and oxaliplatin: an effective salvage regimen for patients with relapsed or refractory B-cell lymphoma not candidates for high-dose therapy. Annals of Oncology 2007; 18: 1363–1368.
- 2. Lopez A et al. GEMOX-R regimen is a highly effective salvage regimen in patients with refractory/relapsing diffuse large-cell lymphoma: a phase II study Eur J Haematol. 2008;80(2):127–32.
- 3. Dakhil S, Hermann R, Schreeder MT, et al. Phase III safety study of rituximab administered as a 90- minute infusion in patients with previously untreated diffuse large B-cell and follicular lymphoma. Leuk Lymphoma. 2014;55(10):2335-2340.



R-ICE		riTUXimab,	ifosfamide, CAR	BOplatin,	and Etoposide	
Wt:	Ht: Platelets:	BSA: Hb:	BMI: LDH:	Ca:	Cycle # of Delay treatment Date:	week(s)
Bilirubin: Creatinine:	ALT:	HBsAg:	HBcoreAb:		Time: Location:	
Diagnosis:						
Pre-chemotherap	-	- Dilil				
□ CBC & diff			bin 🗆 ALT	□ Ht	BsAg, HBcoreAb □ Ot	ther
<ul><li>Netupitant 30</li><li>Dexamethasor</li></ul>	mg PO once 30 0 mg/palonose ne 12 mg IV ond	minutes prior t tron 500 micro ce 30 minutes p	to chemotherapy gram PO 1 hour pr prior to chemother		notherapy	
o Diphenhydran exceeds 4 hou	_	ver 15 minutes		b and then	q 4 h during the IV infusion	n, if the infusion
<ul><li>Allopurin chemothe</li></ul>		laily 24-48 hour			ontinue for up to 3 to 7 days	s after
Chemotherapy*						
1,2,& 3.	dification:	% =	mg/m <sup>2</sup> =	mg in	days 1,2and 3 ml 0.9% NaCL over 2 oxicity:	
Mesna 500 mg/m <sup>2</sup> 1,2,& 3.	=n	ng in 500 ml 0.9	9% NaCL over 2 ho	urs at hour	0, 4, and 8 from ifosfamid	e infusion on days
1,2,& 3.					n ml 0.9% NaCL over Toxicity:	
CARBOplatin 5 x (25	5 + CrCl) (maxin	mum dose 800   % =	mg) = mg IV in	_ mg IV in : _ ml 0.9% N	100 to 250 ml 0.9% NaCL o NaCL over 1 hour on day 1. r Toxicity:	ver 1 hour on day 1.
Dose Mod hour 30 n	dification: ninutes on days	% = s 1,2and 3.	mg/m <sup>2</sup> =	mg in	minutes to 1 hour 30 minum ml in 0.9% NaCL ove	r 45 minutes to 1
<ul><li>Reason fo</li><li>If IV infus</li></ul>	dification: or dose modific sion tolerated, s	% = cation: □ Hema subsequent dos	mg/m <sup>2</sup> = itology:	mg ii □ Othei / subcutane	n 500 mL 0.9% NaCl IV over r Toxicity: eous administration.	



# **Post-Chemotherapy Medications**

- o 0.9% NaCl 1000 ml IV over 1 hour post ifosfamide infusion.
- Olanzapine 5 mg PO daily on days 4.5, and 6
- o Dexamethasone 8 mg PO daily on days 4.5, and 6
- o Filgrastim 300 mcg SC daily from day 4, Continued until ANC >1x109/L for 2 consecutive days

Cycle length: Repeat every 3 weeks for up to 6 cycles.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



DA-R-EPOCH	Rituximab-Etop	oside-Vind	ristine-Doxo	rubicin-Cy	yclophosphamide	
L1			Level 1			
Wt:	Ht: E	BSA:	BMI:		Cycle # of	
ANC:	Platelets:	Hb:			Delay treatment	week(s)
Bilirubin:	ALT:	AST:	Creatinine:		Date:	week(3)
Baseline Echo (Date)	:/ EF%:	Last Echo (D	ate):// E	F%:	Time:	
		· ·			Location:	
Diagnosis:						
Pre-chemotherapy C  □ CBC-diff □ Che	m Panel □ Liver En	zvmes □ C	ardiac Function	□ N/V con	trol prior cycle 🗆 Ot	ther
	in raner 🗆 Liver Lin	zymes 🗆 Co	ardiac r direction	□ N/ V CON	troi prior cycle	inei
Pre-Chemotherapy I	medications					
30 to 60 min prior to	treatment:					
-	mg + palonosetron 5	00 micrograr	n capsule Day 1			
	e 12 mg PO/IV Day 1 ng IV once daily Day	16				
		4-0				
Rituximab premedica o Paracetamole 19	ation: g PO 60minutes prioi	r to riTUXima	b infusion			
	e 10mg IV bolus 60m			usion		
	100mg IV bolus 60 m	ninutes prior	to riTUXimab in	fusion		
Chemotherapy*						
Cycles of:						
		n ml	0.9% NaCl for IV	' infusion at	a maximum rate of 40	0 mg/hr (infused
as per hospital guidelines) on Day 1						
• Dose Modification:% = mg/m² = mg in ml 0.9% NaCl for IV infusion at a						
maximum rate of 400mg/hr (infused as per hospital guidelines)						
Reason for dose modification:      Hematology:      Other Toxicity:						
Etoposide 50 mg/m2	2 = mg in	500 mg NaC	l 0.9% IV continu	uous infusio	n over 24 hours on day	/s 1-4
<ul> <li>Etoposide 50 mg/m2 =mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4</li> <li>Dose Modification:% =mg/m² =mg in 500 mg NaCl 0.9% IV continuous infusion</li> </ul>						
	irs on days 1-4					
Reason for the last of th	dose modification:	☐ Hematolog	y:	□ Other To:	xicity:	
Doxorubicin 10 mg/s	m <sup>2</sup> =mg	in 1000ml Na	aCl 0.9% IV cont	inuous ovei	r 24 hours On Days 1-4	4. (in the same
bag with Vincristine)	)					
Dose Modif	ication:%	= r	mg/m <sup>2</sup> =	mg 1000	ml NaCl 0.9% IV contin	uous over 24
	hours On Days 1-4  Reason for dose modification:  Hematology: Other Toxicity:					
incusori for t		_ //с///исолов		_ 0		<del></del>
_		(MAX= 2 mg)	in 1000 ml NaC	l 0.9% IV co	ntinuous over 24 hours	On Days 1-4. (in
the same bag with D	oxorubicin)					



•	Dose Modification:	% =	mg/m <sup>2</sup> =	mg 1000 ml NaCl 0.9% IV continuous over 24
	hours On Days 1-4			
•	Reason for dose modificati	on: 🗆 Hen	natology:	Dother Toxicity:
Cyclop	hosphamide 750 mg/m <sup>2</sup> =	1	ng in 250 ml NaCl fo	or IV infusion over 30min on Day 5.
				mg in 250 ml NaCl for IV infusion over 30min on
	Day 5.			
•	Reason for dose modificati	on: 🗆 Hen	natology:	Other Toxicity:
Predni	<b>solone</b> 60 mg/m <sup>2</sup> =			
•	Dose Modification:	% =	mg/m <sup>2</sup> =	mg
•	Reason for dose modificati	on: 🗆 Hen	natology:	Other Toxicity:
Post-C	hemotherapy Medications			
o No	ormal Saline 84 mL/hour. Cor	tinue for 2	days post cyclopho	sphamide
o M	etoclopramide 10 mg PO/IV	q6h PRN N/	'V	
o Fil	grastim 300 mcg SC daily for	5 days (Dai	ly injection until AN	C >1x109/L for two consecutive days then discontinue)
Cycle I	ength: administered every 21	L days for u	p to 6 cycles or unti	l disease progression or unacceptable toxicity
develo	=	•		
*For do:	se modification, refer to Can	er Drug re	ferences.	
	·			
	• •			a

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	Rituximab-Etc	poside-Vincris	tine-Doxorubicin-Cy	yclophosphamide		
L-1		Level -1				
Wt:	Ht:	BSA: B	MI:	Cycle # of		
ANC:	Platelets:	Hb:		Delay treatment		
Bilirubin:	ALT:	AST:	Creatinine:	week(s)		
Baseline Echo (Date)	:/ EF%:	Last Echo (Date	):// EF%:	Date:		
				Time: Location:		
Diagnosis:						
Pre-chemotherapy (	Checklist					
□ CBC-diff □ Che	m Panel 🗆 Liver E	nzymes 🗆 Cardi	ac Function 🗆 N/V con	trol prior cycle 🗆 Other	_	
Pre-Chemotherapy i	medications					
30 to 60 min prior to	treatment:					
Netupitant 300 i	mg + palonosetron	500 microgram ca	psule Day 1			
	e 12 mg PO/IV Day 1					
o Granisetrone 1n	ng IV once daily Da	y 4-6				
Rituximab premedica	ation:					
· · · · · · · · · · · · · · · · · · ·	g PO 60minutes pri	or to riTUXimab in	fusion			
<ul> <li>Chlorphenamine</li> </ul>	e 10mg IV bolus 60	minutes prior to ri	TUXimab infusion			
o Hydrocortisone	11 1 12 100 111 1 100 1 1 1 1 17 17 17 1 1 1 1					
Chemotherapy*						
Cycles of:						
riTUXimab 375mg/m2 =mg inml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr						
(infused as per hospital guidelines) on Day 1						
	_	·				
				ml 0.9% NaCl for IV infusion at a		
	maximum rate of 400 mg/hr (infused as per hospital guidelines)					
Reason for dose modification:      Hematology:      Other Toxicity:						
Etoposide 50 mg/m <sup>2</sup>	2 = mg <sup>;</sup>	n 500mg NaCl 0.9	% IV continuous infusion	n over 24 hours on days 1-4		
Dose Modif				00mg NaCl 0.9% IV continuous infusion	n	
over 24 hou	ırs on days 1-4					
Reason for the second for the s	dose modification:	□ Hematology:	Other To	xicity:		
Doxorubicin 10 mg/s	m <sup>2</sup> = r	g in 1000 ml NaCl	0.9% IV continuous ove	er 24 hours On Days 1-4. (in the same	6	
bag with Vincristine)		19 111 1000 IIII INACI	5.570 IV CONCINCUOS OVE	1. 24 Hours on Days 1.4. (iii the same	_	
•		% = mg/	m <sup>2</sup> = mg 1000	ml NaCl 0.9% IV continuous over 24		
hours On Da	•					
Reason for the last of th	dose modification:	☐ Hematology:	🗆 Other To	xicity:		



istry of Flediti
Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
<ul> <li>Dose Modification:% =mg/m<sup>2</sup> = mg 1000 ml NaCl 0.9% IV continuous over 24</li> </ul>
hours On Days 1-4
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
Cyclophosphamide 600 mg/m <sup>2</sup> =mg in 250ml NaCl for IV infusion over 30min on Day 5.
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = in 250ml NaCl for IV infusion over 30min on Day 5.</li> </ul>
Reason for dose modification:      Hematology:      Other Toxicity:
<b>Prednisolone</b> 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:      Hematology:      Other Toxicity:
Post-Chemotherapy Medications
<ul> <li>Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide</li> </ul>
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>
<ul> <li>Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC &gt;1x109/L for two consecutive days then</li> </ul>
discontinue)
Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.
*For dose modification, refer to Cancer Drug references.
<u> </u>
Dhysician Names

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	Rituximab-Etoposide-Vincristine-Doxorubicin-				
L2	Cyclophosphamide				
	Level 2				
Wt: Ht:	BSA: BMI:	Cycle # of			
ANC: Pla	telets: Hb:	Dolay troatment			
Bilirubin:	ALT: AST: Creatinine:	Delay treatment week(s)			
Raseline Echo (Date)	// EF%:	Date:			
Baseline Leno (Bate)	<u></u>	Time:			
Diagnosis:		Location:			
Pre-chemotherapy Che	ecklist				
□ CBC-diff □ Chem	Panel $\ \square$ Liver Enzymes $\ \square$ Cardiac Function $\ \square$ N/V con	trol prior cycle 🗆 Other			
Pre-Chemotherapy me	dications				
30 to 60 min prior to tr	eatment:				
<ul> <li>Netupitant 300 mg</li> </ul>	+ palonosetron 500 microgram capsule Day 1				
o Dexamethasone 12					
o Granisetrone 1mg	IV once daily Day 4-6				
Rituximab premedication	on:				
o Paracetamole 1g P	O 60minutes prior to riTUXimab infusion				
	Omg IV bolus 60minutes prior to riTUXimab infusion				
Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion					
Chemotherapy*					
Cycles of:					
riTUXimab 375mg/m2 =mg in ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr					
(infused as per hospital	guidelines) on Day 1				
Dose Modifica	tion: % = mg/m <sup>2</sup> = mg in _	mI 0 00/ NaCl for IV infusion at a			
	of 400 mg/hr (infused as per hospital guidelines)	IIII 0.9% NACI TOI TV IIITUSIOIT AT A			
	se modification:   Hematology:  Other Toxic	ity:			
Etoposide 60 mg/m2 =	mg in 500mg NaCl 0.9% IV continuous infusio	n over 24 hours on days 1-4			
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4</li> </ul>					
	se modification:   Hematology:  Other To	xicity:			
D		24 have On Barra 4 4 /in the care			
bag with Vincristine)	=mg in 1000 ml NaCl 0.9% IV continuous ove	r 24 nours On Days 1-4. (In the same			
,	tion: % = mg/m <sup>2</sup> = mg 1000	Oml NaCl 0.9% IV continuous over 24			
hours On Days	1-4				
<ul> <li>Reason for dos</li> </ul>	se modification:   Hematology:   Other To.	xicitv:			



Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg 1000 ml NaCl 0.9% IV continuous over 24</li> </ul>
hours On Days 1-4
Reason for dose modification:      Hematology:      Other Toxicity:
<b>Cyclophosphamide</b> 900 mg/m $^2$ =mg in 250 ml NaCl for IV infusion over 30min on Day 5.
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg in 250ml 0.9% NaCl for IV infusion over</li> </ul>
30min on Day 5.
Reason for dose modification:    Hematology:    Other Toxicity:    Other Toxicity:
Prednisolone 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:      Hematology:     Other Toxicity:
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>
o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then
discontinue)
Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	A-R-EPOCH Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide					
L-2	Level -2					
Wt:	Ht: BSA:	BMI:		Cycle # of		
ANC:	Platelets: Hb:			Delay treatment		
Bilirubin:	ALT:	AST: Creatinin	ie:	week(s)	<del></del>	
Baseline Echo (Date)	)://	t Echo (Date): / /	EF%:	Date:		
, ,		, ,	-	Time: Location:		
Diagnosis:				2004.0111		
Pre-chemotherapy (	Checklist					
□ CBC-diff □ Che	m Panel 🗆 Liver Enzym	es 🗆 Cardiac Function	n 🗆 N/V con	trol prior cycle 🗆 Ot	ther	
Pre-Chemotherapy	medications					
30 to 60 min prior to	treatment:					
·	mg + palonosetron 500 n	nicrogram capsule Day	1			
	e 12 mg PO/IV Day 1 ng IV once daily Day 4-6					
o Granisetrone 1n	ig iv office daily Day 4-0					
Rituximab premedic						
	g PO 60minutes prior to					
-	e 10mg IV bolus 60minut 100mg IV bolus 60 minut	•				
- Trydrocortisone	1001116 17 00103 00 11111101	tes prior to rivoximas	midsion			
Chemotherapy*						
Cycles of:						
	n2 =mg in	ml 0.9% NaCl for	IV infusion at	a maximum rate of 400	0 mg/hr	
(infused as per hosp	ital guidelines) on Day 1					
Dose Modif	fication:% =	mg/m <sup>2</sup> =	mg in _	ml 0.9% NaCl for IV	/ infusion at a	
	ate of 400mg/hr (infused					
Reason for dose modification:      Hematology:     Other Toxicity:						
Etoposide 50 mg/m2	2 = mg in 500	mg NaCl 0.9% IV conti	inuous infusio	n over 24 hours on day	vs 1-4	
Etoposide 50 mg/m2 =mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4  ◆ Dose Modification:% =mg/m² =mg in 500mg NaCl 0.9% IV continuous infusion						
over 24 hours on days 1-4						
Reason for	dose modification:   He	ematology:	Other Tox	cicity:		
<b>Doxorubicin</b> 10 mg/m <sup>2</sup> =mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same						
bag with Vincristine)				·	•	
	ication:% =	mg/m <sup>2</sup> =	mg 1000	ml NaCl 0.9% IV contin	nuous over 24	
hours On Da	ays 1-4 dose modification: □ He	ematology:	□ Other To	vicity:		
- iteason for	aose modification.     He		= Other 10/			



notify of Frederica
Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg 1000ml NaCl 0.9% IV continuous over 24</li> </ul>
hours On Days 1-4
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
<b>Cyclophosphamide</b> 480 mg/m <sup>2</sup> =mg in 250 ml NaCl for IV infusion over 30min on Day 5.
<ul> <li>Dose Modification:% = mg/m² = mg in 250 ml NaCl for IV infusion over 30min</li> </ul>
on Day 5.
Reason for dose modification:    Hematology:    Other Toxicity:
Prednisolone 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6am and 12noon Day 1-5
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:      Hematology:      Other Toxicity:
Post-Chemotherapy Medications
<ul> <li>Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide</li> </ul>
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>
<ul> <li>Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC &gt;1x109/L for two consecutive days then</li> </ul>
discontinue)
Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.
*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:

Signature:

#### References:

Administered by:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	-EPOCH Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide					
L3	Level 3					
Wt:	Ht:	BSA:	BMI:		Cycle # of	
ANC:	Platelets:	Hb:			Delay treatment	
Bilirubin:	ALT:	AST:	Creatinine:		week(s)	<del></del>
Baseline Echo (Date)	): / / EF%:	Last Echo (Da	te): / / EF%	%:	Date:	
Baseline Echo (Date):// EF%: Last Echo (Date):// EF%: Time: Location:						
Diagnosis:				I	2004.0	
Pre-chemotherapy (	Checklist					
□ CBC-diff □ Che	em Panel 🗆 Liver Er	nzymes 🗆 Cai	rdiac Function	□ N/V con	trol prior cycle 🗆 🗆 Ot	ther
Pre-Chemotherapy	medications					
30 to 60 min prior to	treatment:					
•	mg + palonosetron	_	capsule Day 1			
	e 12 mg PO/IV Day 1					
o Granisetrone 1n	ng IV once daily Day	4-6				
Rituximab premedic	ation:					
o Paracetamole 1	g PO 60minutes pric	or to riTUXimab	infusion			
· ·	e 10mg IV bolus 60n	-				
o Hydrocortisone	100mg IV bolus 60 i	minutes prior t	o riTUXimab infu	ision		
Chemotherapy*						
Cycles of:						
riTUXimab 375mg/n	n2 =mg	in ml 0	.9% NaCl for IV ir	nfusion at	a maximum rate of 40	0 mg/hr
(infused as per hosp	ital guidelines) on D	ay 1				
Dose Modif	fication: 0/	- m	a/m² -	ma in	ml 0.9% NaCl for IV	Vinfusion at a
	rate of 400mg/hr (in				IIII 0.9% NaCi IOI IV	v iiiiusioii at a
					ty:	
Etoposide 72 mg/m2 =mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4						
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4</li> </ul>						
Reason for dose modification:						
		mg in 1000 ml I	NaCl 0.9% IV cont	tinuous ov	er 24 hours On Days	1-4. (in the
same bag with Vincristine)  • Dose Modification:% = mg/m <sup>2</sup> = mg 1000ml NaCl 0.9% IV continuous over 24						
hours On Days 1-4						
	•	□ Hematology	:	Other Tox	cicity:	<del></del>



Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
• Dose Modification:% = mg/m <sup>2</sup> = mg 1000 ml NaCl 0.9% IV continuous over 24
hours On Days 1-4
Reason for dose modification:      Hematology:     Other Toxicity:
Cyclophosphamide 1080 mg/m $^2$ =mg in 250ml NaCl for IV infusion over 30min on Day 5.
<ul> <li>Dose Modification:% =mg/m<sup>2</sup> = mg in 250ml NaCl for IV infusion over 30min</li> </ul>
on Day 5.
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
<b>Prednisolone</b> 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6am and 12noon Day 1-5
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:      Hematology:   Other Toxicity:
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>
o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then
discontinue)
Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	DA-R-EPOCH Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide				
L4		Level 4			
Wt:	Ht:	BSA:	BMI:	Cycle # of	•
ANC:	Platelets:	Hb:		Delay treatment	
Bilirubin:	ALT:	AST:	Creatinine:	week(s)	
Baseline Echo (Date)	): / / EF%:	Last Echo (Da	te): / / EF%:	Date:	
Baseline Echo (Date):// EF%: Last Echo (Date):// EF%: Time: Location:					
Diagnosis:				Location.	
Pre-chemotherapy (					
□ CBC-diff □ Che	m Panel □ Liver En	nzymes 🗆 Car	diac Function □ N/V	control prior cycle              O	ther
Pre-Chemotherapy I	medications				
30 to 60 min prior to	treatment:				
-	mg + palonosetron 5	500 microgram	capsule Day 1		
	e 12 mg PO/IV Day 1 ng IV once daily Day	4-6			
o dramsetrone in	ing iv office daily bay	4-0			
Rituximab premedica					
	g PO 60minutes prio e 10mg IV bolus 60m				
•	•	•	riTUXimab infusion		
Chemotherapy*					
Cycles of:	_				"
			9% NaCl for IV infusio	n at a maximum rate of 40	)0mg/hr
(infused as per hospital guidelines) on Day 1					
				in ml 0.9% NaCl for I	V infusion at a
	ate of 400mg/hr (inf			! - ! #	
Reason for dose modification:      Hematology:   Other Toxicity:					
Etoposide 86.4 mg/m2 =mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4					
Dose Modification:% = mg/m² = mg in 500 mg NaCl 0.9% IV continuous					
	er 24 hours on days		. □ Otha	r Toxicity:	
Reason for	dose modification.		u otne	TOXICITY	
		mg in 1000ml N	aCl 0.9% IV continuou	s over 24 hours On Days	1-4. (in the
same bag with Vincri			$r/m^2 - m^2$	1000ml NaCl 0 00/ 11/ castin	augus avar 24
hours On Da		– m	s/III = mg .	L000ml NaCl 0.9% IV contin	iuous over 24
	•	□ Hematology:	:	r Toxicity:	



Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
<ul> <li>Dose Modification:% =mg/m<sup>2</sup> = mg 1000ml NaCl 0.9% IV continuous over 24</li> </ul>
hours On Days 1-4
Reason for dose modification:      Hematology:      Other Toxicity:
<b>Cyclophosphamide</b> 1296 mg/m <sup>2</sup> = $_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{1}}}}}}}}$
<ul> <li>Dose Modification:% =mg/m<sup>2</sup> = mg in 250ml NaCl for IV infusion over 30min</li> </ul>
on Day 5.
Reason for dose modification:    Hematology:
Prednisolone 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6am and 12noon Day 1-5
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:      Hematology:      Other Toxicity:
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN N/V</li> </ul>
<ul> <li>Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC &gt;1x109/L for two consecutive days then</li> </ul>
discontinue)
Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.
*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	DA-R-EPOCH Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide				
L5	Level 5				
Wt:	Ht: BSA:	BMI:	Cycle# of		
ANC:	Platelets: Hb:		Delay treatment		
Bilirubin:	ALT: AS	ST: Creatinine:	week(s)		
Baseline Echo (Date)	:/ EF%: Last E	cho (Date):// EF%:	Date: Time: Location:		
Diagnosis:					
Pre-chemotherapy (	Checklist				
□ CBC-diff □ Che	m Panel   Liver Enzymes	☐ Cardiac Function ☐ N/V co	ntrol prior cycle    Other		
Pre-Chemotherapy r	nedications				
30 to 60 min prior to	treatment:				
o Dexamethasone	mg + palonosetron 500 mic e 12 mg PO/IV Day 1 ng IV once daily Day 4-6	crogram capsule Day 1			
Rituximab premedica	ation:				
	g PO 60minutes prior to riT				
		prior to riTUXimab infusion			
O Hydrocortisone Chemotherapy*	100mg iv bolus 60 minutes	s prior to riTUXimab infusion			
Cycles of :					
riTUXimab 375mg/m	n2 =mg in ital guidelines) on Day 1	ml 0.9% NaCl for IV infusion a	at a maximum rate of 400mg/hr		
maximum ra	ate of 400mg/hr (infused a		ml 0.9% NaCl for IV infusion at a city:		
Etoposide 103.7 mg/m2 =mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4  • Dose Modification:% =mg/m² =mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4  • Reason for dose modification: □ Hematology:□ Other Toxicity:					
same bag with Vincri  Dose Modif hours On Da	istine) ication:% = ays 1-4		over 24 hours On Days 1-4. (in the 00 ml NaCl 0.9% IV continuous over 24 oxicity:		



Vincristine 0.4 $mg/m^2 = $ mg (MAX= 2 $mg$ ) in 1000 $ml$ NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg 1000 ml NaCl 0.9% IV continuous over 24</li> </ul>
hours On Days 1-4
Reason for dose modification: □ Hematology:□ Other Toxicity:□
Cyclophosphamide 1555 mg/m <sup>2</sup> = $_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{1}}}}}}}}$
• Dose Modification:% = mg/m <sup>2</sup> = mg in 250 ml NaCl for IV infusion over 30min
on Day 5.
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
Prednisolone 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5
<ul> <li>Dose Modification: % = mg/m<sup>2</sup> = mg</li> </ul>
Reason for dose modification:    Hematology:    Other Toxicity:
Post-Chemotherapy Medications
Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide
o Metoclopramide 10 mg PO/IV q6h PRN N/V
o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then
discontinue)
O At doses of cyclophosphamide above 1500mg/m2, pre-treatment is required with mesna. Give mesna dose
equivalent to 20% of cyclophosphamide dose IV immediately before cyclophosphamide dose (T0) and 40% of the
cyclophosphamide dose orally 2 and 6 hours (T2, T6) after the end of the cyclophosphamide infusion.
<b>Cycle length:</b> administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity
develops.

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



DA-R-EPOCH	Rituximab-Etc	poside-Vincr	ristine-Doxorubicin-C	yclophosphamide			
L6			Level 6				
Wt:	Ht:	BSA:	BMI:	Cycle # of			
ANC:	Platelets:	Hb:		Delay treatment			
Bilirubin:	ALT:	AST:	Creatinine:	week(s)	<del></del>		
Baseline Echo (Date)	): / / EF%:	Last Echo (Da	ite): / / EF%:	Date:			
, ,		,	,	Time: Location:			
Diagnosis:				1 2000.0			
Pre-chemotherapy (	Checklist						
□ CBC-diff □ Che	m Panel 🗆 Liver E	nzymes 🗆 Car	rdiac Function 🗆 N/V cor	ntrol prior cycle 🗆 O	ther		
Pre-Chemotherapy i	medications						
30 to 60 min prior to	treatment:						
o Netupitant 300	mg + palonosetron	500 microgram	capsule Day 1				
	e 12 mg PO/IV Day 1						
o Granisetrone 1n	ng IV once daily Da	y 4-6					
Rituximab premedica	ation:						
-	g PO 60minutes pri	or to riTUXimab	infusion				
			riTUXimab infusion				
o Hydrocortisone	100mg IV bolus 60	minutes prior to	o riTUXimab infusion				
Chemotherapy*							
Cycles of:							
riTUXimab 375mg/n	n2 = mg	in ml 0	.9% NaCl for IV infusion a	t a maximum rate of 40	00mg/hr		
(infused as per hospi							
. Dass Madif	:+:· 0	· ·	g/m <sup>2</sup> = mg in _	and O Ook No Clifers	\		
	ate of 400mg/hr (ir			mi 0.9% Naci for i	v infusion at a		
	<u> </u>	•	:   Other Toxic	city:			
_ =		-	aCl 0.9% IV continuous inf		-		
Dose Modif  infusion over	rication:% er 24 hours on days		$g/m^2 = mg in 50$	00 mg NaCl 0.9% IV con	tinuous		
			□ Other To	xicity:			
Reason for dose modification:      Hematology:      Other Toxicity:							
		_mg in 1000 ml N	NaCl 0.9% IV continuous o	ver 24 hours On Days	1-4. (in the		
same bag with Vincri		.,	, ,				
<ul> <li>Dose Modif</li> <li>hours On Date</li> </ul>		6 = m	g/m <sup>2</sup> = mg 1000	mi NaCl 0.9% IV conti	nuous over 24		
illouis Oli Da	ayo ± <del>-4</del>						
Reason for	dose modification:	□ Hematology	:	xicity:			



Vincristine 0.4 mg/m <sup>2</sup> =mg (MAX= 2 mg) in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.						
(in the same bag with Doxorubicin)						
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg 1000 ml NaCl 0.9% IV continuous over 24</li> </ul>						
hours On Days 1-4						
Reason for dose modification:      Hematology:      Other Toxicity:						
Cyclophosphamide 1866 mg/m $^2$ =mg in 250 ml NaCl for IV infusion over 30min on Day 5.						
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg in 250 ml NaCl for IV infusion over 30min</li> </ul>						
on Day 5.						
Reason for dose modification:    Hematology:    Other Toxicity:						
Prednisolone 60 mg/m <sup>2</sup> =mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5						
• Dose Modification:% = mg/m <sup>2</sup> = mg						
Reason for dose modification:      Hematology:     Other Toxicity:						
Post-Chemotherapy Medications						
Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide						
Metoclopramide 10 mg PO/IV q6h PRN N/V						
<ul> <li>Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC &gt;1x109/L for two consecutive days then</li> </ul>						
discontinue)						
<ul> <li>At doses of cyclophosphamide above 1500mg/m2, pre-treatment is required with mesna. Give mesna dose</li> </ul>						
equivalent to 20% of cyclophosphamide dose IV immediately before cyclophosphamide dose (T0) and 40% of the						
cyclophosphamide dose orally 2 and 6 hours (T2, T6) after the end of the cyclophosphamide infusion.						
<b>Cycle length:</b> administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity						
develops.						
wareleps						

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
Administered by:		Signature:

- 1. Wilson WH et al. Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: a pharmacodynamic approach with high efficacy. Blood 2002; 99:2685-93.
- 2. Wilson WH et al. Phase II Study of Dose-Adjusted EPOCH and Rituximab in Untreated Diffuse Large B-Cell Lymphoma with Analysis of Germinal Center and Post-Germinal Center Biomarkers. J Clin Oncol. 2008;26:2717-2724
- 3. Dunleavy K, Pittaluga S et al. Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma N Engl J Med 2013;368:1408-16.



R-CODOX-M	Rituximab-Cyclophosphamide-Vincristine-Doxorubicin-						
	Methotrexate						
	Treatment of Burkitt Lymphoma						
Wt:	Ht:	BSA:	BMI:	Cycle # of	-		
ANC: F	Platelets:	Hb:		(Low Risk Disease: Patients re cycles of R-CODOX-M;	ceive three		
Bilirubin:	ALT:	AST:		High Risk Disease: treated wit			
Creatinine:				chemotherapy consisting of a CODOX-M and R-IVAC)	Iternating R-		
Baseline Echo (Date)	:/ EF%:	Last Echo (Da	nte)://_	Delay treatment	week(s)		
EF%:				Date:			
				Time:			
Diagnosis				Location:			
Diagnosis:							
Pre-chemotherapy C  □ CBC-diff □ Che		Fnzvmes □ Ca	rdiac Function	□ N/V control prior cycle □	 Other		
Pre-Chemotherapy r				- 11, 1 control prior cycle -	<u></u>		
The elicinotherapy i	il culcutions						
30 to 60 min prior	to treatment:						
	_						
· ·	0 mg + palonose		gram capsule L	Pay 1			
	ne 12 mg PO/IV I	•					
o Granisetrone 1	Lmg IV once dail	y Day 4-7					
Rituximab premed	ication:						
· ·	1g PO 60minute	s prior to riTUX	imab infusion				
	ne 10mg IV bolu	•		b infusion			
•	e 100mg IV bolu	•					
HDMTX:							
c Stop TMD/SMM	V DDIs and Dani	cillin on day of	mathatravata	and for 72 hours the start of	mothatrovata		
•	trexate level is l	•		and for 72 hours the start of	methotrexate		
	3 mg PO/IV 30 m		<u>-</u>				
	-			pleted and then 10 mg PO o	4h PRN		
•	-			bonate 150 mEq/L at 125 m			
4 hours prior to	o methotrexate	until urine pH i	s greater than	7.			
o Hydration, alka							



Chemotherapy*
Cycles of:
riTUXimab 375mg/m2 =mg in ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr
(infused as per hospital guidelines) on Day 0
• Dose Modification: % = mg/m <sup>2</sup> = mg in ml 0.9% NaCl for IV infusion at a
maximum rate of 400mg/hr (infused as per hospital guidelines)
Reason for dose modification:      Hematology:      Other Toxicity:
Cyclophosphamide $800 \text{ mg/m}^2 = \underline{\qquad} \text{mg in } 100\text{-}250 \text{ mL } 0.9\% \text{ NaCl IV infusion over } 30 \text{ to } 60 \text{ min.}$ Day1
Dose Modification:% = mg/m <sup>2</sup> = mg in 100-250 mL 0.9% NaCl IV infusion over 30 to 60 min.
Reason for dose modification:      Hematology:      Other Toxicity:
<b>Doxorubicin</b> 40 mg/m <sup>2</sup> =mg for IV Bolus over 2-15min.  Day1
• Dose Modification:% = mg/m <sup>2</sup> = mg for IV Bolus over 2-15min.
Reason for dose modification:      Hematology:      Other Toxicity:
Vincristine 1.5 mg/m² =mg (MAX= 2 mg) in 50 ml 0.9% NaCl IV infusion over 15min.  Day1 and Day 8  • Dose Modification:% =mg/m² =mg in 50ml 0.9% NaCl IV infusion over 15min.
Reason for dose modification:      Hematology:     Other Toxicity:
Cyclophosphamide 200 mg/m $^2$ =mg in for IV Bolus over 5-15 min. Day2-5
• Dose Modification:% = mg/m <sup>2</sup> = mg for IV Bolus over 5-15min
Reason for dose modification:      Hematology:      Other Toxicity:
Methotrexate 3 gm/m <sup>2</sup> =mg in 1000 ml 0.9% NaCl IV infusion over 24 hours.
• Dose Modification:% = mg/m <sup>2</sup> = mg in in 1000 ml 0.9% NaCl IV infusion over
24 hours.
Reason for dose modification:   Hematology:   Other Toxicity:   Other Toxicity:
<b>Leucovorin</b> 25 mg IV every 6 hours for 4 doses then PO until methotrexate level less than 0.1 micromol/L (Starting 36
hours after start of methotrexate infusion).
Administer initial doses, then, administer according to folinic acid rescue MTX level
Post-Chemotherapy Medications
O Dexamethasone 8 mg PO/IV aclb DRN N/V
o Metoclopramide 10 mg PO/IV q6h PRN N/V
<ul> <li>Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC &gt;1x109/L for two consecutive days then discontinue)</li> </ul>
Cycle length: R-CODOX-M: can be repeated every 21 days either for 3 cycles (low risk) or 4 cycles alternating with R-
IVAC (high risk)

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



# Intrathecal (IT) Therapy:

- Patients without CNS involvement should receive standard intrathecal therapy
- Patients with proven or suspected CNS disease should receive intensified intrathecal treatment during the first cycle of R-CODOX-M / R-IVA C.
- If CNS disease has cleared after the first cycles of chemotherapy, patients should receive standard IT therapy with subsequent cycles of R-CODOX-M or R-IVAC.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

- 1. LaCasce A, Howard O, Lib S et al. Modified magrath regimens for adults with Burkitt and Burkitt-like lymphoma: preserved efficacy with decreased toxicity. Leuk Lymphoma 2004;45:761-767.
- 2. Mead GM, Sydes MR, Walewski J et al. An international evaluation of CODOX-M and CODOX-M alternating with IVAC in adult Burkitt's lymphoma: results of United Kingdom Lymphoma Group LY06 study. Ann Oncol 2002;13:1264-1274.



R-IVAC	R-IVAC Rituximab-Ifosfamide-MESNA-Etoposide-Cytarabine						
		Treatment of Burkitt Lymphoma					
Wt:	Ht:	BSA:	BMI:	Cycle # of			
ANC: F	Platelets:	Hb:		(High Risk Disease: for 4 cycle CODOXM and 2 cycles of R-IV			
Bilirubin:	ALT:	AST:	Creatinine:	administered in total)			
Baseline Echo (Date) EF%:	:// EF%:	Last Echo (Dat	te)://	Delay treatment Date: Time: Location:	_week(s)		
Diagnosis:							
Pre-chemotherapy C							
□ CBC-diff □ Che	m Panel 🗆 Liver F	Enzymes 🗆 Car	diac Function 🛛	N/V control prior cycle	ther		
Pre-Chemotherapy r	medications						
30 to 60 min prior to	treatment:						
<ul> <li>Dexamethasone 8 mg PO/IV Day 1-5</li> <li>Granisetrone 1mg IV once daily Day 1-7</li> <li>Dexamethasone 0.1% or Prednisone Forte eye drops 2 drops each eye Q6h to start 12h Pre-Cytarabine and continue until day 5 (i.e. 3 days after completion of AraC)</li> </ul>							
<ul> <li>Paracetamole 1g</li> <li>Chlorphenamine</li> <li>Hydrocortisone</li> <li>Hydration theral</li> </ul>	<ul> <li>Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion</li> <li>Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion</li> </ul>						
Chemotherapy*							
Cycles of:  riTUXimab 375mg/m (infused as per hospi			9% NaCl for IV inf	fusion at a maximum rate of 40	00mg/hr		
<ul> <li>Dose Modification:% = mg/m² = mg in ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)</li> <li>Reason for dose modification: □ Hematology: □ Other Toxicity:</li> </ul>							
Etoposide 60 mg/m <sup>2</sup>	=mg	in 500 ml 0.9% N	laCl for IV infusion	n over 1 hour on Day 1-5			
Dose Modification:% = mg/m <sup>2</sup> = mg in 500 ml 0.9% NaCl for IV infusion over 1 hour							
Reason for dose modification:      Hematology:      Other Toxicity:							
<b>MESNA</b> 800 mg/m <sup>2</sup> =	=mg I\	V Bolus over 10-1	15 minutes before	e start of Ifosfamide infusion o	n Day 1-5		



	• Dose Modification:% =mg/m <sup>2</sup> = mg IV Bo	lus over 10-15minutes before start of							
	Ifosfamide infusion over 10-15minutes.								
	Reason for dose modification:      Hematology:      Other Tox	cicity:							
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								
Ifosfamide 1500 mg/m <sup>2</sup> =mg in 1000 ml 0.9% NaCl for IV infusion over 2 hours on Day 1-5.									
	• Dose Modification:% = mg/m <sup>2</sup> = mg in 10	00ml 0.9% NaCl for IV infusion over 2							
	hours.								
	Reason for dose modification:      Hematology:     Other Tox	cicity:							
NAE	<b>MESNA</b> 800 mg/m <sup>2</sup> =mg IV Bolus over 10-15 minutes 4 hours after s	tart of Ifosfamida infusion on Day 1 E							
IVIE	Ing IV Bolds over 10-13 milliones 4 nours after s	tart of nostallide illusion on Day 1-3							
•	•								
	• Dose Modification:% = mg/m <sup>2</sup> = mg IV Bo	lus over 10-15minutes 4 hours after							
	start of Ifosfamide infusion over 10-15 minutes.								
	Reason for dose modification:      Hematology:     Other Tox	ricity:							
ME	<b>MESNA</b> 800 mg/m <sup>2</sup> =mg IV Bolus over 10-15 minutes 8 hours after s	tart of Ifosfamide infusion on Day 1-5							
	•								
	<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg IV Bo</li> </ul>	dus over 10-15 minutes 8 hours after							
	start of Ifosfamide infusion over 10-15minutes.	nus over 10 15 minutes o nours after							
	Reason for dose modification:	vicity:							
	- Reason for dose modification. If Hematology I other for								
	<b>Cytrarabine 2000</b> mg/m <sup>2</sup> =mg in 500ml 0.9% NaCl IV infusion over 3	3 hours TWICE daily on Days 1-2.							
Day	Day1 and Day8	ral 0.00/ NaCl IV infersion area 15 min							
	Dose Modification:% =mg/m <sup>2</sup> =mg in 50     Reason for dose modification: Hematology:	mi 0.9% Naci iv infusion over 15min.							
	<ul> <li>Reason for dose modification:          <ul> <li>Hematology:</li></ul></li></ul>	ricity:							
Pos	Post-Chemotherapy Medications								
		a start 12h Dua Cutarahira and							
0		o start 12n Pre-Cytarabine and							
	continue until day 5 (i.e. 3 days after completion of AraC)  O Hydration therapy required for safe administration of ifosfamide Metoclopra	umido 10 ma DO/IV ach DDN N/V							
0									
0	discontinue)	Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then							
Cyc	Cycle length: R-IVAC: can be repeated every 21 days for 4 cycles alternating with	R-CODOX-M (high risk)							
Cyc	cycle length. N-1VAC. can be repeated every 21 days for 4 cycles afternating with	W-CODOW-INI (IIIRII LISK)							

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



# Intrathecal (IT) Therapy:

- Patients without CNS involvement should receive standard intrathecal therapy
- Patients with proven or suspected CNS disease should receive intensified intrathecal treatment during the first cycle of R-CODOX-M / R-IVA C.
- If CNS disease has cleared after the first cycles of chemotherapy, patients should receive standard IT therapy with subsequent cycles of R-CODOX-M or R-IVAC.

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References:

Barnes JA, Lacasce AS, Feng Y, et al. Evaluation of the addition of riTUXimab to CODOX-M/IVAC for Burkitt's lymphoma: a retrospective analysis. Ann Oncol 2011;22:1859-1864.



Bortizomib				Bortizomib I	Maint	enance	
Wt:	Н	t:	BSA:	BMI:			Cycle # of 4
ANC:	PI	atelets:	Hb:	Na:	K:	Urine	Delay treatment week(s)
pH:							Date:
Bilirubin:		ALT:	AS	ST: Crea	atinine	:	Location:
Diagnosis:							
Pre-chemoth	erapy Ch	necklist					
□ CBC & diff		Platelets	□ Bilirubin	□ ALT	□O	ther	
Pre-Chemoth	erapy m	edications					
Chemothera	oy*						
Bortizomib 1	.3 mg/m <sup>2</sup>	2 =	mg SC on [	Day 1.			
	_			mg/m <sup>2</sup> = _		mg S0	C on Day 1
							city:
Post-Chemot	herany N	Medications					
				usea/vomiting			
		ng PO BID	v quii Frin ilai	usea/voiming			
			ay be repeated	d every 14 days			
*For dose mod							
		,					
Physician Name:				Signature:			
Pharmacy	Verifie	d by:					Signature:
	Prepar	ed by:					Signature:
	Checke	ed & dispen	sed by:				Signature:
Nursing	Checke	ed & receive	ed by:				Signature:
	Admin	istared hv					Signature:

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- 2. Sonneveld P, Schmidt-Wolf IG et al. Bortezomib induction and maintenance treatment in patients with newly diagnosed multiple myeloma: results of the randomized phase III HOVON-65/ GMMG-HD4 trial. J Clin Oncol. 2012;30(24):2946.



KRD	CArfilzomib-Lenalidomide-Dexamethasone					
Wt: H	lt: BSA:	BMI:		Cycle# of 8		
ANC: PI	latelets: Hb:	Na:	K: Urine	Delay treatment		
	atticities.	Na.	K. Offic	week(s)		
pH:				Date:		
Bilirubin:	ALT: AS	ST: Creat	inine:	Time: Location:		
Diagnosis:				Locationi		
Pre-chemotherapy Ch	necklist					
□ CBC & diff □	Platelets   Bilirubin	□ ALT	□ Other			
Pre-Chemotherapy m	edications					
	g PO/IV 30 minutes befor 0 mL over 30 minutes pric		-	ydration is needed pos	st	
Chemotherapy*						
Dose Modifice infusion over     Reason for de Carfilzomib 56 mg/m²     Dose Modifice infusion over     Reason for de Carfildomide 25 mg de Carfildomi	mg in 100 m cation:mg in 100 m cation:% =  30 minutes on Day 1.  ose modification: □ Hemo cation:% =  30 minutes on Days 8, 15  ose modification: □ Hemo cation:% =  conce daily PO on Day 1-21 cation:% =  ose modification: □ Hemo cation: □	mg/m <sup>2</sup> = atology: nL D5W IV infusio mg/m <sup>2</sup> = i. atology: mg once of	mg in 100  Other Toxicit n over 30 minute mg in 1  Other Toxicit aily PO on Day 1	o mL D5W IV  ty: es on Days 8, 15  100 mL D5W IV  ty:	_	
Dose Modific	ng PO once daily on Day 1 cation:% = ose modification: □ Hema	mg PO on	-			
<ul> <li>Dose Modifice infusion over</li> </ul>	=mg in 100 m cation:% = r 30 minutes on Days 1, 8, ose modification: □ Hema	mg/m <sup>2</sup> = 15.	mg in 1	.00 mL D5W IV		
Lenalidomide 25mg o	once daily PO on Day 1-21.					
_	cation:% =%		ily PO on Day 1-2	1.		
	ose modification:   Hema					



-
<b>Dexamethasone</b> 40 mg PO once daily on Day 1,8,15,22.
• Dose Modification:% = mg PO once daily on Day 1,8,15,22.
Reason for dose modification: □ Hematology: □ Other Toxicity:
Cycle 10-12:
Carfilzomib 56mg/m <sup>2</sup> =mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg in 100 mL D5W IV</li> </ul>
infusion over 30 minutes on Days 1, 8, 15.
Reason for dose modification:      Hematology:      Other Toxicity:
Lenalidomide 25mg once daily PO on Day 1-21.
Dose Modification: % = mg once daily PO on Day 1-21.
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
Dexamethasone 40 mg PO once daily on Day 1,8,15.
<ul> <li>Dose Modification:% = mg PO once daily on Day 1,8,15.</li> </ul>
Reason for dose modification: □ Hematology: □ Other Toxicity:
Cycle 13 onward:
Carfilzomib 56 mg/m <sup>2</sup> =mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 15
• Dose Modification:% = mg/m <sup>2</sup> = mg in 100 mL D5W IV
infusion over 30 minutes on Days 1, 15.
Reason for dose modification:      Hematology:      Other Toxicity:
Lenalidomide 25 mg once daily PO on Day 1-21.
• Dose Modification:% = mg once daily PO on Day 1-21.
Reason for dose modification: □ Hematology: □ Other Toxicity:
Dexamethasone 40 mg PO once daily on Day 1,8,15.
<ul> <li>Dose Modification: % = mg PO once daily on Day 1,8,15.</li> </ul>
Reason for dose modification:      Hematology:     Other Toxicity:
Post-Chemotherapy Medications
Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
Omperazole 20 mg PO daily
O Valacyclovir 500 mg PO BID
<ul> <li>Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)</li> </ul>
O Aspirin 81-100mg PO daily
Assess of more hydration is needed post carfilzomib
Cycle length: Every 28 days
*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



- 1. NCCP SACT Plasma Cell Disorder Clinical Advisory Group: Weekly carfilzomib, lenalidomide, and dexamethasone in relapsed or refractory multiple myeloma: Evidence into practice –rapid review March 2020
- 2. Leleu et al. Trial in Progress: Once-Weekly vs Twice-Weekly Dosing of Carfilzomib-LenalidomideDexamethasone in Patients w/Relapsed or Refractory Multiple Myeloma. Clinical lymphoma, myeloma and leukemia. Abstract only: Volume 19, Issue 10, Supplement E266-E267, October 2019
- 3. Biran et al. Weekly carfilzomib, lenalidomide, and dexamethasone in relapsed or refractory multiple myeloma: A phase 1b study. Am J Hematol. 2019;94:794–802
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CRD	CRD Cyclophosphamide-Lenalidomide-Dexamethasone						
Wt:	Ht:	BSA:	BMI:			Cycle # of Delay treatment	
ANC:	Platelets:	Hb:	Na:	K:	Urine	week(s)	
pH:						Date:	
•						Time:	
Bilirubin:	ALT:	AS	ST: Cr	eatinine		Location:	
Diagnosis:							
Pre-chemotherapy (	Checklist						
□ CBC & diff	□ Platelets	□ Bilirubin	$\square$ ALT		ther		
Pre-Chemotherapy	medications						
o Ondansetron 8 i	mg PO/IV 30 n	ninutes befor	e chemothera	py on D	ay 1,8		
Chemotherapy*							
Lenalidomide 25 mg once daily PO on Day 1-21.  • Dose Modification:% = mg once daily PO on Day 1-21 .  • Reason for dose modification: □ Hematology: □ Other Toxicity:  Cyclophosphamide 500 mg = mg PO on Day 1,8.  • Dose Modification: % = mg PO on Day 1,8.  • Reason for dose modification: □ Hematology: □ Other Toxicity:  Dexamethasone 40 mg PO once daily on Day 1,8,15,22.  • Dose Modification: % = mg PO on Day 1,8,15,22.  • Dose Modification: □ Hematology: □ Other Toxicity:							
Post-Chemotherapy							
o Metoclopramide		Sh PRN nause	a/vomiting				
o Omperazole 20	•						
	o Fluconazole 300 mg PO daily						
<ul> <li>Valacyclovir 500 mg PO BID</li> <li>Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)</li> </ul>							
Cycle length: If well tolerated, may be repeated every 28 days							
*For dose modification		•		J			

Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	



CVD	Cyclophosphamide-Bortizomib-Dexamethasone					
Wt: ANC: pH:	Ht: Platelets:	BSA: Hb:	BMI: Na:	K:	Urine	Cycle # of 4 Delay treatment week(s) Date:
Bilirubin:	ALT:	AS	ST: Cr	eatinine	:	Time: Location:
Diagnosis: Pre-chemotherap	v Chacklist					
□ CBC & diff		□ Bilirubin	□ ALT	_ C	ther	
Pre-Chemotherap	y medications					
	8 mg PO/IV 30 n	ninutes befor	re chemothera	py on D	ay 1,4,8,11	
Chemotherapy*						
<ul><li>Reason for</li><li>Cyclophosphamid</li><li>Dose Mod</li></ul>	dification: or dose modifica	% = tion: □ Hema me % =	mg/m <sup>2</sup> = atology: g PO on Day 1 mg PO o	.8,15. on Day 1	Other Toxio	C on Day 1,4,8,11.  city:
	dification:	% =	mg PO o		-	,4,8,11 city:
Post-Chemothera	py Medications					
<ul><li>Omperazole 2</li><li>Valacyclovir 5</li></ul>	•				Mon, Wed	)
Cycle length: If we	· · · · · · · · · · · · · · · · · · ·					
*For dose modificat	tion refer to Car	acor Drug rof	oroncos			

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



- 1. Reeder et al. Cyclophosphamide, bortezomib and dexamethasone (CyBorD) induction for newly diagnosed multiple myeloma: High response rates in a phase II clinical trial. Leukaemia 2009; 23(7): 1337–1341
- 2. Kropff M, Bisping G, Schuck, E. et al. Bortezomib in combination with intermediate-dose dexamethasone and continuous low-dose oral cyclophosphamide for relapsed multiple myeloma. Br J Haematol 2007; 138(3):330-337.
- 3. Kumar S et al. Randomized, multicenter, phase 2 study (EVOLUTION) of combinations of bortezomib, dexamethasone, cyclophosphamide, and lenalidomide in previously untreated multiple myeloma Blood 2012;119:4375-4382.



DVD	D	ratumum	ab - Bortizo	omib-	Dexamet	hasone	
Wt:	ı Ht:	BSA:	BMI:			Cycle # of 8	
ANC: F	Platelets:	Hb:	Na:	K:	Urine	Delay treatment	
	idelets.	110.	140.	14.	Office	week(s)	
pH:						Date: Time:	
Bilirubin:	ALT:	AST	T: Crea	atinine:		Location:	
Diagnosis:							
Pre-chemotherapy C							
□ CBC & diff	Platelets	□ Bilirubin	□ ALT	□ <b>O</b> 1	ther		
Pre-Chemotherapy r	medications						
<ul><li>Diphenhydr</li><li>Prednisone</li></ul>	_	b: ) minutes pr ′ 60 minutes	ior to start of prior to darat	infusior :umuma	n ab	it given)	
Chemotherapy*							
Cycle 1-3:							
<ul><li>Reason for of</li><li>Dexamethasone 20 r</li><li>Dose Modifi</li></ul>	ication:dose modificationg IV once daily ication:	% = on: □ Hemat y on Day 1. % =	mg/m <sup>2</sup> = _ cology: mg IV on		other Toxici	on Day 1,4, 8,11. ity:	
Reason for c	dose modificatio	on: 🗆 Hemat	.ology:	⊔ С	ither Toxici	ty:	
	cation:	% =	mg PO or			4,5,8,9,11,12. ty:	
<ul> <li>Dose Modifi infusion inst</li> </ul>	cation: cruction below) (	% = on day 1.	mg/kg = _		mg in 1	nfusion instruction belo 000ml 0.9% NaCl (pleas ty:	se refer to
and 15.  • Dose Modifi	cation:	% =	mg/kg = _			infusion instruction be	
	ruction below) ( dose modificatio	•		□ C	other Toxici	ty:	



## **First Infusion**

• Dilute in 1000 mL of normal saline and administer at an initial rate of 50 mL/hr. Increase by increments of 50 mL/hr every hour to a max of 200 mL/hr.

Patient information

#### **Second Infusion**

Dilute in 500 mL of normal saline only if there were no grade 1 or greater infusion reactions during the
first 3 hours of the first infusion. Otherwise, continue to use a dilution volume of 1,000 mL and
instructions for the first infusion. Infuse at 50 mL/hr for the first hour. Increase by increments of 50
mL/hr every hour to a max of 200 mL/hr.

## **Subsequent Infusions**

- Dilute in 500 mL of normal saline and administer at a rate of 100 mL/hr for the first hour. Increase by increments of 50 mL/hr every hour to a max of 200 mL/hr. Use this rate only if there were no grade 1 or greater infusion reactions during a final infusion rate of ≥100 mL/hour in the first 2 infusions. If a reaction occurs, follow reaction management instructions.
- Administer with an infusion set fitted with an inline 0.22 or 0.2 micrometer, low protein binding filter.

Cycles 4-8:
<b>Bortizomib</b> 1.3 mg/m <sup>2</sup> =mg SC on Day 1,4,8,11.
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg SC on Day 1,4, 8,11.</li> </ul>
• Reason for dose modification:   Hematology:   Other Toxicity:
Dexamethasone 20 mg PO once daily on Day 1,2,4,5,8,9,11,12.
• Dose Modification:% = mg/m <sup>2</sup> = mg PO once daily on Day 1,2,4,5,8,9,11,12.
• Reason for dose modification:   Hematology:   Other Toxicity:
Daratumumab 16 mg/kg =mg in 0.9% NaCl (please refer to infusion instruction below) on day 1.
• Dose Modification:% = mg/kg = mg in 1000ml 0.9% NaCl (please refer to
infusion instruction below) on day 1.
Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity
Post-Chemotherapy Medications
Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
o Omperazole 20 mg PO daily
o Valacyclovir 500 mg PO BID
<ul> <li>Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)</li> </ul>
Cycle length: Every 21 days

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



## References:

Palumbo A, Chanan-Khan A, Weisel K, Nooka AK, Masszi T, Beksac M, Spicka I, Hungria V, Munder M, Mateos MV, Mark TM, Qi M, Schecter J, Amin H, Qin X, Deraedt W, Ahmadi T, Spencer A, Sonneveld P. Daratumumab, Bortezomib, and Dexamethasone for Multiple Myeloma. N Engl J Med. 2016 Aug 25; 375(8):754-66



DKD	Dratumumab-CArfilzomib-Dexamethasone						
Wt: I	Ht:	BSA:	BN	ΛI:		Cycle # of 8	
ANC: P	Platelets:	Hb:	Na:	K:	Urine	Delay treatment	
	latelets.	TID.	iva.	K.	Office	week(s)	
pH:						Date:	
Bilirubin:	ALT:	AS	T:	Creatinine:		Time:	
Diagnosis:						Location:	
Pre-chemotherapy C	hecklist						
	□ Platelets	□ Bilirubin	□ AL	Т 🗆 О	ther		
Pre-Chemotherapy n	nedications						
o Ondansetron 8 n		inutes before	e chemoth	erapy on Da	ny 1,8,15		
Pre medication befor	_			. ,	. , ,		
<ul> <li>Paracetamo</li> </ul>	ol 1000 mg PO 6	60 minutes p	rior to star	rt of infusion	า		
<ul> <li>Diphenhydr</li> </ul>	ramine 50 mg I	V 60 minute	s prior to d	laratumuma	ab		
<ul> <li>Prednisone</li> </ul>	20 mg PO on o	days 2, 8, and	d 15 (only i	f dexameth	asone is n	ot given)	
Chemotherapy*							
infusion ove	ication:er 30 minutes o	% = on Day 1.	mg/m <sup>2</sup> :	=	_ mg in 10		_
infusion ove	ication: er 30 minutes c	% = on Days 8, 15	mg/n	n² =	mg in	tes on Days 8, 15 100 mL D5W IV city:	_
<b>Dexamethasone</b> 40 r	mg IV once dai	ly on Day 1					
	ication:		mg I\	V once daily	on Day 1.		
	dose modificat						_
Dexamethasone 40 r	ication:	% =	mg IV	//PO once d		y 4,8,15,22. city:	_
Daratumumah 16 me	a/ka -	mσ in 100	10ml 0 9% l	NaCl (nleas	a refer to i	nfusion instruction below)	) on day 1
						1000ml 0.9% NaCl (please	
	truction below		1116/11	ь	6	1000mm 0.570 Macr (picase	Terer to
			itology:	□ <b>(</b>	Other Toxic	city:	
<b>Daratumumab</b> 16mg						o infusion instruction below	w) on day 8,
15, 22.							
Dose Modifi      infusion inst	ication:	% =	mg/k	g =	mg in :	1000ml 0.9% NaCl (please	refer to



•	Reason for dose modification:   Hematology:  Other Toxicity:
Firs	t Infusion
	• Dilute in 1000 mL of normal saline and administer at an initial rate of 50 mL/hr. Increase by increments of
	50 mL/hr every hour to a max of 200 mL/hr.
Sec	ond Infusion
	<ul> <li>Dilute in 500 mL of normal saline only if there were no grade 1 or greater infusion reactions during the first 3 hours of the first infusion. Otherwise, continue to use a dilution volume of 1,000 mL and instructions for the first infusion. Infuse at 50 mL/hr for the first hour. Increase by increments of 50 mL/hr every hour to a max of 200 mL/hr.</li> </ul>
Sub	sequent Infusions
•	<ul> <li>Dilute in 500 mL of normal saline and administer at a rate of 100 mL/hr for the first hour. Increase by increments of 50 mL/hr every hour to a max of 200 mL/hr. Use this rate only if there were no grade 1 or greater infusion reactions during a final infusion rate of ≥100 mL/hour in the first 2 infusions. If a reaction occurs, follow reaction management instructions.</li> <li>Administer with an infusion set fitted with an inline 0.22 or 0.2 micrometer, low proteinbinding filter.</li> </ul>
Cycles 2	
	. <b>nib</b> 70 mg/m² =mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15
•	Dose Modification:% = mg/m <sup>2</sup> = mg in 100 mL D5W IV
	infusion over 30 minutes on Days 1,8, 15.
•	Reason for dose modification:   Hematology: Other Toxicity:
_	
	thasone 40 mg IV/PO once daily on Day 1,8,15,22.
•	Dose Modification: % = mg IV/PO once daily on Day 1,8,15,22.
•	Reason for dose modification:   Hematology: Other Toxicity:
<b>Daratun</b> 1,8,15,2	numab 16 mg/kg =mg in 0.9% NaCl (please refer to infusion instruction below) on day 2.
•	Dose Modification: % = mg/kg = mg in 1000 ml 0.9% NaCl (please refer to
	infusion instruction below) on day 1,8,15,22.
•	Reason for dose modification:   Hematology: Other Toxicity:
Cycles 3	
	nib 70 mg/m² =mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15
•	Dose Modification: % = mg/m <sup>2</sup> = mg in 100 mL D5W IV
	infusion over 30 minutes on Days 1,8, 15.
•	Reason for dose modification:   Hematology: Other Toxicity:
Dexame	thasone 40 mg IV/PO once daily on Day 1,8,15,22.
•	Dose Modification: % = mg IV/PO once daily on Day 1,8,15,22.
•	Reason for dose modification:   Hematology:  Other Toxicity:
Daratun	numab 16 mg/kg =mg in 0.9% NaCl (please refer to infusion instruction below) on day 1.
•	Dose Modification: % = mg/kg = mg in 1000 ml 0.9% NaCl (please refer to
	infusion instruction below) on day 1.



	Reason for dose modification:      Hematology:      Other Toxicity:
Pos	st-Chemotherapy Medications
0	Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
0	Omperazole 20 mg PO daily
0	Valacyclovir 500 mg PO BID
0	Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)
Cyc	cle length: Every 28 days

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



PD	Pomalidomide-Dexamethasone			e		
Wt:	Ht:	BSA:	BMI:			Cycle # of 8
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment week(s)
pH:						Date:
Bilirubin:	ALT:	AS	T: Crea	tinine:	:	Time:
Diagnosis:						Location:
Pre-chemotherapy (	Checklist					
		□ Bilirubin	□ ALT	□ O	ther	
Pre-Chemotherapy i	medications					
Ondansetron 8 r	mg PO/IV 30 mi	nutes before	e chemotherap	y on Da	ay 1,8,15	
Chemotherapy*						
Pomalidomide 4 mg once daily PO on Day 1-21.  • Dose Modification:						
	Reason for dose modification: □ Hematology: □ Other Toxicity:					
Post-Chemotherapy Medications						
<ul> <li>Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting</li> </ul>						
o Omperazole 20mg PO daily						
O Valacyclovir 500mg PO BID						
o Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)						
•	O Aspirin 81-100mg PO daily					
Cycle length: Every 2						

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



### References:

- 1. San Miguel J, Weisel K et al. Pomalidomide plus low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed and refractory multiple myeloma (MM-003): a randomised, open-label, phase 3 trial. Lancet Oncology 2013;11:1055-66
- 2. Lacy MQ, Hayman SR et al. Pomalidomide (CC4047) Plus Low-Dose Dexamethasone As Therapy for Relapsed Multiple Myeloma. J Clin Oncol 2009;27:5008-14



ATRA-ATO	All-Trans Retino	ic Acid (ATRA) and A	Arsenic Trioxide	
		induction		
Wt:	Ht: BSA:	BMI:	Cycle # of (Conti	nues)
ANC:	Platelets: Hb:		Delay treatment	week(s)
Bilirubin:	ALT: AST:	Creatinine:	Date:	
			Time: Location:	
Baseline Echo (Date Diagnosis:	:)/ EF%. Last EC110	(Date):// EF%:	Location.	
Pre-chemotherap	 vv Checklist			
	em Panel   Liver Enzymes	Cardiac Function □ N/\	V control prior cycle	□ Daily ECG
□ Daily Weight □ Th	nroughout treatment, maintain k	( level> 4.0 mmol/L, Mg l	level 0.9 mmol/L 🗆 Otl	ner
Pre-Chemothera	y medications			
<ul> <li>For patients with WBC &gt; 10,000/uL and &lt; 50,000/uL after the start of therapy:         <ul> <li>Give Hydroxyurea 500 mg PO QID, until WBC is &lt; 10,000/UI</li> </ul> </li> <li>For patients with WBC &gt; 50,000/uL after the start of therapy:         <ul> <li>give Hydroxyurea 1000 mg PO QID, given until WBC is &lt; 10,000/UI</li> </ul> </li> <li>Consider Differentation syndrome prophylaxis:         <ul> <li>Prednisolone 0.5mg/kg= mg PO daily</li> </ul> </li> <li>0.9% NaCl intravenous Solution 1000 mL mmoL of potassium chloride and mmoL of magnesium sulphate at mL/hour</li> <li>Consider tumor lysis syndrome prophylaxis:         <ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.</li> </ul> </li> </ul>				
Chemotherapy*				
Tretinoin 45 mg/m² = mg PO in 2 divided doses: AM PM Continue to Day 60 if not in morphological complete remission at Day 28  • Dose Modification: % = mg/m² = mg PO in 2 divided doses: AM PM  • Reason for dose modification: □ Hematology: □ Other Toxicity:  Arsenic Trioxide 0.15 mg/kg = mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours Continue to Day 60 if not in morphological complete remission at Day 28  • Dose Modification: % = mg/kg = mg in ml 0.9% NaCl intravenous infusion over 2 hours  • Reason for dose modification: □ Hematology: □ Other Toxicity:				
Post-Chemothera				



- o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.
- o Pantoprazole 20 mg PO daily
- o Initiate Dexamethasone 10 mg every 12 hours for at least 3 days at the earliest manifestations of suspected differentiation syndrome

# Cycle length: 28 - 60 days

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
Prepared by:		Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

### References

1. Lo-Coco F, Avvisati G, Vignetti M, et al. Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. N Engl J Med. 2013;369(2):111-121.



TRA-ATO-Ida All-Trans Retinoic Acid (ATRA), Idarubicin and Arsenic Trioxide				
induction				
Wt: Ht: BSA: BMI: C	cle # of (Continues)			
I AINL PIAIPIPIS ON I	elay treatment week(s) ite:			
Bilirubin: ALT: AST: Creatinine: Ti	ne:			
Baseline Echo (Date):/ EF%: Last Echo (Date):/ EF%:	cation:			
Diagnosis:				
Pre-chemotherapy Checklist	Louise and Paik FCC			
☐ CBC-diff ☐ Chem Panel ☐ Liver Enzymes ☐ Cardiac Function ☐ N/V control ☐ Daily Weight ☐ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9	·			
Pre-Chemotherapy medications				
Give 30-60 minutes prior to chemotherapy on day 2-8				
<ul> <li>Ondansetron 16 mg IV once</li> <li>Dexamethasone 12mg IV once 30 minutes prior to chemotherapy on day 2,4, 6</li> </ul>	and 8			
Give hydroxyurea in case of:				
o For patients with WBC > 10,000/uL and < 50,000/uL after the start of therapy:				
<ul> <li>Give Hydroxyurea_500 mg PO QID, until WBC is &lt; 10,000/UI</li> </ul>				
o For patients with WBC > 50,000/uL after the start of therapy:				
o give Hydroxyurea 1000 mg PO QID, given until WBC is < 10,000/UI				
o Consider Differentiation syndrome prophylaxis:				
<ul> <li>Prednisolone 0.5 mg/kg= mg PO daily</li> <li>0.9% NaCl intravenous Solution 1000 mL mmoL of potassium chloride</li> </ul>	nd mmol of			
magnesium sulphate at mL/hour	11d 111110E 01			
Consider tumor lysis syndrome prophylaxis:				
<ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for u</li> </ul>	to 3 to 7 days after			
chemotherapy.				
Chemotherapy*				
Idarubicin 12 mg/m <sup>2</sup> =mg intravenous push over 5 minutes on days 2, 4,				
<ul> <li>Dose Modification:% = mg/m<sup>2</sup> = mg intravenou</li> <li>6 and 8</li> </ul>	push over 5 minutes on days 2, 4,			
Reason for dose modification:      Hematology:      Other Toxicity				
Tretinoin 45 mg/m <sup>2</sup> = mg PO in 2 divided doses: AM I	M for 36 days			
Dose Modification:% = mg/m² = mg PO in PM	divided doses: AM			
Reason for dose modification:   Hematology:   Other Toxicity				
Arsenic Trioxide 0.15 mg/kg=mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours daily on days 9-36				
• Dose Modification:% = mg/kg = mg in 250				
over 2 hours daily on days 9-36				
■ Reason for dose modification: □ Hematology: □ Other Toxicity  Post-Chemotherapy Medications				



- o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.
- o Pantoprazole 20 mg PO daily
- o Initiate Dexamethasone 10 mg every 12 hours for at least 3 days at the earliest manifestations of suspected differentiation syndrome

Cycle length: 28 days

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### References

1. Lo-Coco F, Avvisati G, Vignetti M, et al. Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. N Engl J Med. 2013;369(2):111-121.



ATRA-ATO	ATO All-Trans Retinoic Acid (ATRA) and Arsenic Trioxide				
		Consolid	ation 1 (High risk APL	.)	
Wt:	Ht:	BSA:	BMI:	Cycle # of 4	
ANC:	Platelets:	Hb:		Delay treatment	
Bilirubin:	ALT:	AST:	Creatinine:	week(s) Date:	
				Time:	
Baseline Echo (	Date)://	6: Last Echo (D	ate)://	Location:	
Diagnosis:				•	
Pre-chemother					
	□ Chem Panel □ Liv	er Enzymes 🗆 Ca	ardiac Function 🗆 N/V co	ntrol prior cycle 🗆 Dail	y ECG 🗆 Lipid
Profile	□ Throughout treate	ment maintain K k	evel> 4.0 mmol/L, Mg leve	I 0 9 mmol/L □ Other	
bany Weight	- Throughout treati	meric, maintain k ic	ever 4.0 mmon E, mig leve		
	rapy medications				
			_ mmoL of potassium chlo	oride and m	moL of
	n sulphate at	mL/hour			
Chemotherapy	*				
Tretinoin 45 mg	g/m <sup>2</sup> = mg	PO in 2 divided do	ses: AM	PM for 28 days	
			ng/m <sup>2</sup> = mg PC		AM
	PM				
Reason	n for dose modificat	ion:   Hematology	/: □ Other Toxi	city:	
Arsenic Trioxide	e 0 15 mg/kg=	mg in 250 ml	0.9% NaCl intravenous in	fusion daily for 28 days	
			ng/kg = mg in :		renous infusion
	28 days		<i>o, o o</i>		
Reason	n for dose modificat	ion: 🗆 Hematology	/: □ Other Toxi	city:	
	erapy Medications				
o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.					
Cycle length: 28 days					
*For dose modification, refer to Cancer Drug references.					
Physician Name: Signature:					
-	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispense	-		Signature:	
_	Checked & received	by:		Signature:	
	Administered by:			Signature:	



## References

1. Lo-Coco F, Avvisati G, Vignetti M, et al. Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. N Engl J Med. 2013;369(2):111-121.



ATRA-ATO	A-ATO All-Trans Retinoic Acid (ATRA) and Arsenic Trioxide			
	Consolidation 2 (High risk APL	)		
Wt:	Ht: BSA: BMI:	Cycle # of		
ANC:	Platelets: Hb:	Delay treatment		
ANC.	Platelets. nb.	week(s)		
Bilirubin:	ALT: AST: Creatinine:	Date:		
Baseline Echo (Date	e)://	Time: Location:		
Diagnosis:				
Pre-chemotherapy	Checklist			
□ CBC-diff □ Ch	em Panel $\;\square$ Liver Enzymes $\;\square$ Cardiac Function $\;\square$ N/V co	ntrol prior cycle 🛮 Daily ECG 🗆 Lipid		
Profile				
│ □ Daily Weight □ Th	nroughout treatment, maintain K level> 4.0 mmol/L, Mg leve	l 0.9 mmol/L 🗆 Other		
Pre-Chemotherapy	medications			
	venous Solution 1000 mL + mmoL of potassium chlo	ride and mmoL of		
magnesium sul	phate at mL/hour			
Chemotherapy*				
Dose Modi	mg PO in 2 divided doses: AM F ification:% = mg/m <sup>2</sup> = mg PO in 2 divided doses modification: $\Box$ Hematology: $\Box$ Other Toxic	vided doses: AMPM		
Arsenic Trioxide 0.15 mg/kg=mg in 250 mL 0.9% NaCl intravenous infusion for days 1-5, 8-12, 15-19, 22-26, 29-33  • Dose Modification:% =mg/kg =mg in 250 mL 0.9% NaCl intravenous infusion on days 1-5, 8-12, 15-19, 22-26, 29-33				
•	dose modification:   Hematology:   Other Toxic	city:		
Post-Chemotherap				
	ng PO bid for duration of treatment and may for 3 months af	ter completion.		
Cycle length: 36 days				
*For dose modification, refer to Cancer Drug references.				
Physician Name: Signature:				
Pharmacy Veri	fied by:	Signature:		
<u></u> -		Signature:		
Ched	cked & dispensed by:	Signature:		
Nursing Chec	cked & received by:	Signature:		
Adm	ninistered by:	Signature:		



## References

1. Lo-Coco F, Avvisati G, Vignetti M, et al. Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. N Engl J Med. 2013;369(2):111-121.



ATRA-ATO All-Trans Retinoic Acid (ATRA) and Arsenic Trioxide							
		Co	onsolidation				
Wt:	Ht:	BSA:	BMI:	Cycle # of 4			
ANC:	Platelets:	Hb:		Delay treatment week(s)			
Bilirubin:	ALT:	AST:	Creatinine:	Date:			
Baseline Echo (Date)	:/ EF%:	Last Echo (Dat	e)://	Time: Location:			
Diagnosis:							
Pre-chemotherapy (							
☐ CBC-diff ☐ Che Profile	m Panel   Liver E	inzymes 🗆 Card	liac Function	trol prior cycle 🗆 Dail	y ECG 🗆 Lipid		
□ Daily Weight □ Thr	oughout treatmen	t, maintain K leve	el> 4.0 mmol/L, Mg level	0.9 mmol/L □ Other	<del></del>		
Pre-Chemotherapy	medications						
	venous Solution 100 phate at		mmoL of potassium chlo	ride and m	imoL of		
Chemotherapy*							
Tretinoin 45 mg/m² = mg PO in 2 divided doses: AM PM daily in Weeks 1 to 2, Weeks 5 to 6, Weeks 9 to 10, Weeks 13 to 14, Weeks 17 to 18, Weeks 21 to 22, and Weeks 25 to 26  • Dose Modification: % = mg/m² = mg PO in 2 divided doses: AM PM  • Reason for dose modification: □ Hematology: □ Other Toxicity:							
Arsenic Trioxide 0.15 mg/kg=mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours daily for 5 days in							
<ul> <li>Weeks 1 to 4, Weeks 9 to 12, Weeks 17 to 20, and Weeks 25 to 28</li> <li>Dose Modification: % = mg/kg = in mL 0.9% NaCl intravenous infusion over 2 hours</li> <li>Reason for dose modification: □ Hematology: □ Other Toxicity:</li> </ul>							
	Post-Chemotherapy Medications  O Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.						
o Pantoprazole 20	omg PO daily thasone 10mg ever		least 3 days at the earli	·	f suspected		
Cycle length: -							

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References

1. Lo-Coco F, Avvisati G, Vignetti M, et al. Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. N Engl J Med. 2013;369(2):111-121.



All-Trans Retinoic Acid				
(ATRA), M	(ATRA), Mercaptopurine and Methotrexate Maintenance (High risk APL)			
•	thotrexate		,	
G.116.1116				
Wt:	Ht:	BSA: BMI:	Cycle # of 8	
ANC:	Platelets:	Hb:	Delay treatment Date:	week(s)
Bilirubin:	ALT:	AST: Creatinine:	Time:	
Baseline Echo	(Date): / / E	:F%: Last Echo (Date):// EF%:	Location:	
Diagnosis:	· ,	· / <u></u> -		
Pre-chemoth	erapy Checklist			
□ CBC-diff	□ Chem Panel □	Liver Enzymes □ Cardiac Function □ N/V	control prior cycle	Daily ECG 🗆 Lipid
Profile				
		atment, maintain K level> 4.0 mmol/L, Mg le	evel 0.9 mmol/L 🗆 Oth	er
Pre-Chemoth	erapy medications			
Ch th	*			
Chemotherap	ру			
Tretinoin 45 r	mg/m² = m	ng PO in 2 divided doses: AM	PM for 14 days	
• Dose	Modification:	$_{\rm mg}$ = $_{\rm mg}$ mg/m <sup>2</sup> = $_{\rm mg}$ mg	PO in 2 divided doses	s: AM
	PM			
• Reas	on for dose modific	ation:   Hematology:   Other To	oxicity:	
Methotrexate	e 10 mg/m <sup>2</sup> =	mg PO once weekly on days 15, 22, 29,	36, 43, 50, 57, 64, 7	1, 78, 85
• Dose	Modification:	$_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{1}}}}}}}}$	PO weekly	
<ul><li>Reas</li></ul>	on for dose modific	ation: 🗆 Hematology: 🗆 Other To	oxicity:	
Mercaptopur	ine 75 mg/m <sup>2</sup> =	mg PO once daily on days 15 – 90		
		% = mg/m <sup>2</sup> = mg	PO once daily	
		ation:   Hematology:   Other To		
	herapy Medications			
		duration of treatment and may for 3 months	s after completion	
-	=	6hr PRN for Nausea/Vomiting	diter completion.	
Cycle length:				
		ancer Drug references		
· For dose mod	inication, refer to Ca	ancer Drug references.		
Physician Nan	ne:		Signature:	
Pharmacy	Verified by:	Signature:		
	Prepared by:		Signature:	
	Checked & dispen	sed by:	Signature:	
Nursing	Checked & receive	ed by:	Signature:	

Signature:

Administered by:



## References

Powell BL, Moser B, Stock W, et al. Arsenic trioxide improves event-free and overall survival for adults with acute promyelocytic leukemia: North American Leukemia Intergroup Study C9710. Blood. Nov 11 2010;116(19):3751-7. doi:10.1182/blood-2010-02-269621



Cladribir	ne	Hairy Cell Leukemia Using Cladribine				
Wt:	Ht:	BSA: BMI:	Cycle # of 1 (Continues)			
ANC:	Platelets:	Hb:	Delay treatment			
			week(s)			
Bilirubin:	ALT:	AST: Creatinine:	Date:			
Baseline Echo	(Date):// EF%	: Last Echo (Date):// EF%:	Time: Location:			
Diagnosis:						
Pre-chemothe	erapy Checklist					
□ CBC-diff	□ Chem Panel □ Live	r Enzymes □ Cardiac Function □ N/V c	ontrol prior cycle    Other			
Pre-Chemothe	erapy medications					
Chemotherap	y <sup>*</sup>					
• Dose over:	over 2 hours on days 1 to 5					
Post-Chemoth	nerapy Medications					
Cycle length:						
*For dose modification, refer to Cancer Drug references.						
Physician Nam	ne:		Signature:			
Pharmacy	Verified by:		Signature:			
	Prepared by:		Signature:			
	Checked & dispensed	by:	Signature:			
Nursing	Checked & received by: Signature:		Signature:			
	Administered by:		Signature:			

### References:

1. Pagano, L., Criscuolo, M., Broccoli, A. *et al.* Long-term follow-up of cladribine treatment in hairy cell leukemia: 30-year experience in a multicentric Italian study. *Blood Cancer J.* **12**, 109 (2022). https://doi.org/10.1038/s41408-022-00702-9



Rituximab + Cladribine		Hairy Cell Leukemia Using Cladr	ibine and Rituximab			
Wt:	Ht:	BSA: BMI:	Cycle # of 1 (Continues)			
ANC:	Platelets:	Hb:	Delay treatment			
Bilirubin:	ALT:	AST: Creatinine:	week(s) Date:			
			Time:			
Baseline Echo	(Date)://	_ EF%: Last Echo (Date):// EF%:	Location:			
Diagnosis:						
	erapy Checklist					
□ CBC-diff	□ Chem Panel	□ Liver Enzymes □ Cardiac Function □ N	/V control prior cycle   Other			
Pre-Chemoth	erapy medication	ns				
o Diphenhy	dramine 50 mg I	O minutes prior to start of Rituximab infusio / 30 minutes prior to start of Rituximab infu 30 minutes prior to start of Rituximab infus	usion			
Chemotherap	y*					
Rituximab 375 mg/m²= mg in 0.9% NaCl to final concentration 1mg/ml intravenous infusion weekly for 8 weeks  • First Rituximab infusion: Start at 50 mg/hour for 30 minutes and increase by 50 mg/hour every 30 minutes as tolerated to a maximum of 400 mg/hr. If a reaction occurs, follow reaction management instructions  • Subsequent Infusions: Start at 100 mg/hour for 30 min and increase by 100mg/hour every 30 minutes to a maximum of 400 mg/hr. If a reaction occurs, follow reaction management instructions  Cladribine 0.15 mg/kg = mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5  • Dose Modification: % = mg/m² = mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5  • Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity: □						
	herapy Medicatio					
<ul> <li>Metoclopramide 10 mg PO q6h PRN nausea/vomiting</li> <li>Sulfamethoxazole/Trimethoprim double strength 1 tablet PO 3 times weekly</li> </ul>						
Cycle length:						
*For dose modification, refer to Cancer Drug references.						
Physician Name: Signature:						
Pharmacy	Verified by:		Signature:			
	Prepared by:		Signature:			
	Checked & dispo	<del>-</del>	Signature:			
Nursing	Checked & rece	•	Signature:			
	Administered by	<i>y</i> :	Signature:			



## References:

Chihara D, Arons E, Stetler-Stevenson M, et al. Randomized Phase II Study of First-Line Cladribine With Concurrent or Delayed Rituximab in Patients With Hairy Cell Leukemia. *J Clin Oncol*. 2020;38(14):1527-1538. doi:10.1200/JCO.19.02250



FA		Fludarabin	e and Cytarabine			
140					<u> </u>	
Wt:	Ht:	BSA: B	MI:	Cycle # of (Contin		
ANC:	Platelets:	Hb:		Delay treatment	week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time:		
				Location:		
Baseline Echo (Date)	)://	Last Echo (Date)	:// EF%:	Location.		
Diagnosis:						
Pre-chemotherapy			5 51/6/		.1	
		nzymes 🗆 Cardia	ac Function	itrol prior cycle 🗆 🗅 🗅	ther	
Pre-Chemotherapy	medications					
<ul> <li>Netupitant 300</li> <li>Dexamethasone</li> <li>Dexamethasone</li> <li>Consider tumor</li> <li>Allopurinol</li> </ul>	<ul> <li>Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only</li> <li>Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-5</li> <li>Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion.</li> </ul>					
Chemotherapy*						
Fludarabine 30 mg/m² = mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5, 4 hours pre cytarabine infusion.  • Dose Modification: % = mg/m² = mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5, 4 hours pre cytarabine infusion.  • Reason for dose modification: □ Hematology: □ Other Toxicity:						
Cytarabine 2000 mg	/m2= m	g in 250 mL 0.9% N	aCl intravenous infusio	n over 3 hours twice d	aily on days	
			m <sup>2</sup> = mg inti			
1 to 5					•	
<ul> <li>Reason for</li> </ul>	dose modification:	☐ Hematology:	Other Toxic	ty:		
Post-Chemotherapy						
o Dexamethasone	e 8 mg PO daily on	days 6 & 7.				
o Metoclopramid	e 10 mg PO q6 hou	rs PRN nausea/vor	niting.			
_	tim 300 microgram					
	<ul> <li>Voriconazole 200 mg PO bid until resolution of neutropenia.</li> </ul>					
•	.,					
o (Sulfamethoxaz	ole / Trimethoprim	) 1 double-strengtl	n tablet PO 3 times we	ekly .		
Cycle length: 28 day	ıs					

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References

- 1.Gandhi V, Estey E, Keating MJ, Plunkett W. Fludarabine potentiates metabolism of cytarabine in patients with acute myelogenous leukemia during therapy. J Clin Oncol. 1993 Jan;11(1):116- 24. 3. AML-HR Trial MRC Working Party Protocol (1998).
- 2.Estey E, Thall P, Andreeff M, Beran M, Kantarjian H, O'Brien S, Escudier S, Robertson LE, Koller C, Kornblau S, et al. Use of granulocyte colony-stimulating factor before, during, and after fludarabine plus cytarabine induction therapy of newly diagnosed acute myelogenous leukemia or myelodysplastic syndromes: comparison with fludarabine plus cytarabine without granulocyte colony-stimulating factor. J Clin Oncol. 1994 Apr;12(4):671-8.



CLAG +/- Mitoxantrone	Filgrastim, Cladribine, Cytarabine	-/- Mitoxantrone				
Wt: Ht:	BSA: BMI:	Cycle # of (Continues)				
ANC: Platelets:	Hb:	Delay treatment week(s)				
Bilirubin: ALT:	AST: Creatinine:	Date:				
Baseline Echo (Date): / / FF	%: Last Echo (Date):// EF%:	Time:				
	70. Last Leno (Bute)	Location:				
Diagnosis:  Pre-chemotherapy Checklist						
• •	ver Enzymes □ Cardiac Function □ N/V (	ontrol prior cycle   Other				
Pre-Chemotherapy medications	, ,					
<ul> <li>Netupitant 300 mg/palonoset</li> <li>Dexamethasone 12 mg IV onc</li> <li>Dexamethasone 0.1% eye 2 di</li> <li>Consider tumor lysis syndrome</li> <li>Allopurinol 300 mg po 24</li> </ul>	-48 hours prior chemotherapy and continue	or 5 days after cytarabine infusion.				
Chemotherapy*						
Filgrastim 5 mcg/kg=mc	cg subcutaneous on days 0 to 6.					
Dose Modification: over 2 hours.	Cladribine 5 mg/m² =mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5  • Dose Modification:% =mg/m² =mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours.					
Cytarabine 2000 mg/m²=	_mg in 250 mL 0.9% NaCl intravenous infus ne	ion over 3 hours once daily on days	; 1 to			
Dose Modification: over 3 hours on days 1 to	% = mg/m <sup>2</sup> = mg	n 250 mL 0.9% NaCl intravenous inf	usion			
<ul> <li>Reason for dose modification</li> </ul>	tion: 🗆 Hematology: 🗆 Other To:	cicity:				
Mitoxantrone 10 mg/m <sup>2</sup> =	mg intravenous push over 5 minutes on	days 1-3				
Dose Modification:	$_{\rm mg/m^2} = _{\rm mg/m^2} = _{\rm mg}$	ntravenous push over 5 minutes on	days			
1-3	tion Homotologu - Other Te	vicitu				
Reason for dose modification: □ Hematology: □ Other Toxicity: □  Post-Chemotherapy Medications						
Dexamethasone 8 mg PO daily	y on days 6 & 7					
Metoclopramide 10 mg PO q6h PRN nausea/vomiting						
o Voriconazole 200 mg PO bid until resolution of neutropenia.						
O Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.						
<ul> <li>(Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly.</li> <li>Cycle length: 28 days</li> </ul>						

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References

 Wierzbowska A, Robak T, Pluta A, et al, "Cladribine Combined With High Doses of Arabinoside Cytosine, Mitoxantrone, and G-CSF (CLAG-M) is a Highly Effective Salvage Regimen in Patients With Refractory and Relapsed Acute Myeloid Leukemia of the Poor Risk: A Final Report of the Polish Adult Leukemia Group," Eur J Haematol 2008; 80(2):115-26.[PubMed 18076637]



MEC	Mitoxantrone, Etoposide and Cytarabine					
Wt:	Ht:	BSA:	BMI:	Cycle # of (Conti	 nues)	
ANC:	Platelets:	Hb:		Delay treatment		
				week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date:		
Baseline Echo (Date	):/ EF%:	Last Echo (D	ate):// EF%:	Time: Location:		
Diagnosis:						
Pre-chemotherapy	Checklist					
□ CBC-diff □ Che	em Panel 🗆 Liver	Enzymes 🗆 Ca	rdiac Function 🗆 N/	V control prior cycle 🗆 🗆 🔾	Other	
Pre-Chemotherapy	medications					
<ul><li>Netupitant 300</li><li>Dexamethason</li><li>Dexamethason</li></ul>	<ul> <li>Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only</li> <li>Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-6</li> <li>Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion.</li> <li>Consider tumor lysis syndrome prophylaxis:</li> </ul>					
Chemotherapy*		<u> </u>		······································	·····	
<ul><li>Dose Modification</li><li>over 30 min</li><li>Reason for</li></ul>	fication: nutes on days 1 to dose modification	% = n 6 : □ Hematology	ng/m² = m ::   Other 1	usion over 30 minutes on og in 100 mL 0.9% NaCl intra	avenous infusion	
	' =mg in 0	.9% NaCl (conce	ntration of 0.2-0.4 mg	g/ml) intravenous infusion	over 1 hour on	
days 1 to 6  Dose Modif	fication:	% – n	ng/m² – m	g in 0.9% NaCl (concentrat	ion of 0.2-0.4	
	ravenous infusion (			g III 0.5% Naci (concentrat	1011 01 0.2-0.4	
			=	oxicity:		
Cytarabine 1000 mg	/m2=m	g in 250 mL 0.99	% NaCl intravenous in	fusion over 3 hours twice o	daily on days 1 to	
			ng/m² = m	g in 250 mL 0.9% NaCl intra	avenous infusion	
	rs twice daily on da	•	Out 7			
Reason for	dose modification	: □ Hematology	: 🗆 Other 1	oxicity:		
Post-Chemotherapy	Medications					
	e 8 mg PO daily on	•				
	, , ,					
•	, ,					
o (Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly (ALL)  Cycle length: 28 days						

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered by:	Signature:	

#### Reference:

1.Kohrt HE, Patel S, Ho M, et al. Second-line mitoxantrone, etoposide, and cytarabine for acute myeloid leukemia: a single-center experience. Am J Hematol. Nov 2010;85(11):877-81. doi:10.1002/ajh.21857



(3+7) +/- Midostaurin +/-	Daunorubicin + Cytarabine +/- Midostaurin +/- Gemtuzumab	
Gemtuzumab Ozagamicin	Ozagami	cin
Wt: Ht:	BSA: BMI:	Cycle # of (Continues)
ANC: Platelets:	Hb:	Delay treatment week(s)
Bilirubin: ALT:	AST: Creatinine:	Date:
Baseline Echo (Date)://	_EF%: Last Echo (Date)://EF	%: Time: Location:
Diagnosis:		
Pre-chemotherapy Checklist		
□ CBC-diff □ Chem Panel □	□ Liver Enzymes □ Cardiac Function	□ N/V control prior cycle □ Other
Pre-Chemotherapy medication	S	
<ul> <li>Netupitant 300 mg/palono</li> <li>Dexamethasone 12 mg IV of methylprednisolone given)</li> <li>Paracetamol 1000 mg PO of Diphenhydramine 50 mg IV of Methylprednisolone 1 mg/li&gt;     <li>Consider tumor lysis syndrometherapy.</li> </li></ul>	once 30 minutes prior to Gemtuzumab / once 30 minutes prior to Gemtuzumab kg IV once 30 minutes prior to Gemtuzu	on day 1-7 (omit on days 1,4,&7 if  on day 1-7 (omit on days 1,4,&7 if  umab  nd continue for up to 3 to 7 days after
Chemotherapy*		
<ul><li>Dose Modification:</li><li>1-3</li></ul>	mg intravenous push over 5 minu % = mg/m <sup>2</sup> = fication:   Hematology:   Of	mg intravenous push over 5 minutes on days
Cytarabine 100 mg/m²= • Dose Modification: infusion over 24 hours	mg in 250 mL 0.9% NaCl intravenou % =mg/m² =	is infusion over 24 hours on days 1-7 mg in 250 mL 0.9% NaCl intravenous
<ul><li>Dose Modification:</li><li>Reason for dose modification</li></ul>	on days 8 – 21 (FLT3 positive patient)% = mg on days 8 – 21 ication:   Hematology:   Of	ther Toxicity:
<ul><li>and 7 (Favorable risk patient wind patient)</li><li>Dose Modification:</li><li>over 2 hours on days 1</li></ul>	th positive CD33) % = mg (Max of 4.5 mg	intravenous infusion over 2 hours on days 1, 4 g) in 100 ml 0.9% NaCl intravenous infusion ther Toxicity:
		,



## **Post-Chemotherapy Medications**

- o Dexamethasone 8 mg PO daily on days 8 & 9
- o Metoclopramide 10 mg PO q6h PRN nausea/vomiting
- o Voriconazole 200 mg PO bid until resolution of neutropenia.
- Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.

### Cycle length: -

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References:

- 1. Castaigne S, Pautas C, Terre C et al. Effects of gemtuzumab ozogamicin on survival of adult patients with de-novo acute myeloid leukaemia (ALFA-0701): a randomised, open-label, phase 3 study. Lancet 2012;379(9825):1508-16.
- 2. Pfizer Canada: MYLOTARG gemtuzumab ozogamicin product monograph. Kirkland, Quebec: 28 November, 2019.
- 3. Lowenberg B, Ossenkoppele GJ, van Putten W, et al. High-dose daunorubicin in older patients with acute myeloid leukemia. The New England journal of medicine. Sep 24 2009;361(13):1235-48. doi:10.1056/NEJMoa0901409
- 4. Fernandez HF, Sun Z, Yao X, et al. Anthracycline dose intensification in acute myeloid leukemia. The New England journal of medicine. Sep 24 2009;361(13):1249-59. doi:10.1056/NEJMoa0904544
- 5.Stone R, Mandrekar SJ, Sanford BL, et al. Midostaurin plus chemotherapy for acute myeloid leukemia with a FLT3 mutation. The New England journal of medicine. 2017;377:11.



(3+7) +/- Midostaurin +/-	Idarubicin + Cytarabine +/- F	LT3 inhibitor +/-		
Gemtuzumab Ozagamicin	Gemtuzumab Ozagamicin			
Wt: Ht: BS ANC: Platelets: H Bilirubin: ALT:	A: BMI: b: AST: Creatinine:	Cycle # of (Continues) Delay treatment week(s) Date:		
Baseline Echo (Date):// EF%: L	ast Echo (Date):// EF%:	Time: Location:		
Diagnosis:				
Pre-chemotherapy Checklist				
	rmes □ Cardiac Function □ N/V cor	ntrol prior cycle 🗆 Other		
Pre-Chemotherapy medications				
<ul> <li>Netupitant 300 mg/palonosetron 0.5 r</li> <li>Dexamethasone 12 mg IV once 30 min methylprednisolone given)</li> <li>Paracetamol 1000 mg PO once 30 min</li> <li>Diphenhydramine 50 mg IV once 30 m</li> <li>Methylprednisolone 1 mg/kg IV once 30</li> <li>Consider tumor lysis syndrome prophy</li> </ul>	<ul> <li>Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 (omit on days 1,4,&amp;7 if methylprednisolone given)</li> <li>Paracetamol 1000 mg PO once 30 minutes prior to Gemtuzumab</li> <li>Diphenhydramine 50 mg IV once 30 minutes prior to Gemtuzumab</li> <li>Methylprednisolone 1 mg/kg IV once 30 minutes prior to Gemtuzumab</li> </ul>			
Chemotherapy*				
1-3		ravenous push over 5 minutes on days		
infusion over 24 hours on days 1-	mg/m <sup>2</sup> = mg in 2	250 mL 0.9% NaCl intravenous		
Midostaurin 50 mg twice daily on days 8 − 21 (FLT3 positive patient)  • Dose Modification: mg on days 8 − 21  • Reason for dose modification: □ Hematology: □ Other Toxicity:				
Gemtuzumab 3 mg/m <sup>2</sup> = (Max of 4 and 7 (Favorable risk patient with positive	.5 mg) in 100 ml 0.9% NaCl intraveno	us infusion over 2 hours on days 1, 4		
Reason for dose modification: □ H	Hematology:   Other Toxici	ity:		
Post-Chemotherapy Medications				



- o Dexamethasone 8 mg PO daily on days 8 & 9
- Metoclopramide 10 mg PO q6h PRN nausea/vomiting
- Voriconazole 200 mg PO bid until resolution of neutropenia.
- Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.

### Cycle length:

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name: Signature:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References:

- 1. Castaigne S, Pautas C, Terre C et al. Effects of gemtuzumab ozogamicin on survival of adult patients with de-novo acute myeloid leukaemia (ALFA-0701): a randomised, open-label, phase 3 study. Lancet 2012;379(9825):1508-16.
- 2. Pfizer Canada: MYLOTARG gemtuzumab ozogamicin product monograph. Kirkland, Quebec: 28 November, 2019.
- 3. Wiernik PH, Banks PL, Case DC, Jr., et al. Cytarabine plus idarubicin or daunorubicin as induction and consolidation therapy for previously untreated adult patients with acute myeloid leukemia. Blood. Jan 15 1992;79(2):313-9.
- 4. Fernandez HF, Sun Z, Yao X, et al. Anthracycline dose intensification in acute myeloid leukemia. The New England journal of medicine. Sep 24 2009;361(13):1249-59. doi:10.1056/NEJMoa0904544
- 5.Stone R, Mandrekar SJ, Sanford BL, et al. Midostaurin plus chemotherapy for acute myeloid leukemia with a FLT3 mutation. The New England journal of medicine. 2017;377:11.



Inotuzumab Ozogamicin Inotuzumab Ozogamicin					
Wt: Ht:	BSA: BMI:	Cycle # of 1			
ANC: Platelets:	Hb:	Delay treatment	week(s)		
		Date:			
Bilirubin: ALT:	AST: Creatinine:	Time:			
Baseline Echo (Date):/ EF9	%: Last Echo (Date):// EF%:	Location:			
Diagnosis:					
Pre-chemotherapy Checklist	5 C II 5 II NA		0.1		
	rer Enzymes 🗆 Cardiac Function 🗆 N/	v control prior cycle	□ Other _		
Pre-Chemotherapy medications					
30 min prior to inotuzumab ozogan	nicin infusion on days 1, 8 and 5				
_	inutes prior to start of inotuzumab ozoga				
-	minutes prior to start of inotuzumab oz	-			
	ninutes prior to start of inotuzumab ozo	gamicin intusion			
Chemotherapy*					
<ul> <li>Dose Modification:</li></ul>					
<ul><li>Dose Modification:</li><li>8 and 15</li></ul>	8 and 15				
Cycle 2 − 6 (28 days)  □ Patient who DID NOT achiev	Cycle 2 − 6 (28 days)  □ Patient who DID NOT achieve CR or CRi:				
<ul> <li>Dose Modification:9</li> <li>minutes on day 1</li> </ul>	mg in 50 mL 0.9% NaCl intr % =  mg/m <sup>2</sup> =  mg in 50 mL 0.9% naCl intr mg in 50 mL 0.9% nacl introduced in the matching of	0.9% NaCl intravenous	infusion over 60		
	=mg in 50 mL 0.9% NaCl intr				
8 and 15			•		
<ul><li>Dose Modification:</li><li>60 minutes on days 8 and</li></ul>	$_{\%} = _{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_}}}}}}}$	0 mL 0.9% NaCl intrav	enous infusion over		
Reason for dose modification	ion:   Hematology:   Other	Toxicity:			
☐ Patient who DID achieved CF Inotuzumab Ozogamicin 0.5 mg/m² and 15	R or CRi: =mg in 50 mL 0.9% NaCl intrave	nous infusion over 60	minutes on days 1, 8		



	• Dose Modification:% =mg/m <sup>2</sup> =mg in 50 mL 0.9% NaCl intravenous infusion			
	over 60 minutes on days 1, 8 and 15			
	Reason for dose modification: □ Hematology: □ Other Toxicity: □ Other Toxicity			
Pos	st-Chemotherapy Medications			
0	Metoclopramide 10 mg PO q6h PRN nausea/vomiting			
0	Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment			
0	Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly			
0	Ursodeoxycholic Acid (Start prior to initiating inotuzumab ozogamicin treatment)			
	<ul> <li>250 mg PO BID if patient's weight is less than 90 kg</li> </ul>			
	<ul> <li>250 mg PO TID if patient's weight is 90 kg or more</li> </ul>			
0	Allopurinol 300 mg PO daily on days 1-7			
Cyc	le length: 21-28 days			

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

## References:

Kantarjian HM, DeAngelo DJ, Stelljes M, et al. Inotuzumab Ozogamicin versus Standard Therapy for Acute Lymphoblastic Leukemia. *N Engl J Med*. 2016;375(8):740-753. doi: 10.1056/NEJMoa1509277



Azacitidine plus	Azacitidine	plus Venetoc	lax		
Venetoclax					
Wt: Ht:  ANC: Platelets:  Bilirubin: ALT:	BSA: BMI:  Hb:  AST: Creatir	nine:	Cycle # of (Conti Delay treatment week(s) Date:		
Baseline Echo (Date)://			Time: Location:		
Diagnosis:					
Pre-chemotherapy Checklist  ☐ CBC-diff ☐ Chem Panel ☐	Liver Enzymes □ Cardiac Funct	ion □N// con:	tral prior sysla	Other	
Pre-Chemotherapy medications	<u> </u>	lon - Ny v con	troi prior cycle 🗀 t	Other	
Pre-Chemotherapy medications					
<ul> <li>Dexamethasone 12 mg PO/I</li> <li>Consider tumor lysis syndromal</li> <li>Allopurinol 300 mg po 2 chemotherapy.</li> </ul>	<ul> <li>Consider tumor lysis syndrome prophylaxis:</li> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after</li> </ul>				
Chemotherapy*					
Dose Modification: to	Azacitadine 75 mg/m² =mg subcutaneous over 5 minutes on days 1-7  • Dose Modification:% =mg/m² =mg subcutaneous over 5 minutes on days to  • Reason for dose modification: □ Hematology: □ Other Toxicity:				
Venetoclax  Cycle 1:  Venetoclax 100 mg PO once on day 1  Venetoclax 200 mg PO once on day 2  Venetoclax 400 mg PO once on day 3 - 28  Cycle 2:  Venetoclax 400 mg daily  Dose Modification: mg  Reason for dose modification: □ Hematology: □ Other Toxicity:					
Post-Chemotherapy Medications					
<ul> <li>Dexamethasone 8 mg PO daily on days 8 &amp; 9</li> <li>Metoclopramide 10 mg PO q6h PRN nausea/vomiting</li> <li>Voriconazole 200 mg PO bid until resolution of neutropenia.</li> <li>Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.</li> </ul>					
Cycle length: repeat every 28 days continues until disease progression or unacceptable toxicity					

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	Physician Name: Signature:	
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

## References:

1.DiNardo C JB, Pullarkat V, et al. A randomized, double-blind, placebo-controlled study of venetoclax with azacitidine vs azacitidine in treatment-naïve patients with acute myeloid leukemia ineligible for intensive therapy – VIALE-A. Presented at: Virtual Edition of the 25th European Hematology Association (EHA) Annual Congress, LB2601. JA.



FLAG +/- Idarubicin Filgrastim, Fludarabine, Cytarabine +/- Idarubicin				
Wt: Ht:	BSA: BMI:		Cycle # of (Contir	•
ANC: Platelets	s: Hb:		week(s)	
Bilirubin: ALT:	AST: Cr	eatinine:	Date:	
Baseline Echo (Date)://	EF%: Last Echo (Date):	//_ EF%:	Time: Location:	
Diagnosis:			Location	
Pre-chemotherapy Checklis	t			
□ CBC-diff □ Chem Panel	□ Liver Enzymes □ Cardiac F	unction   N/V con	trol prior cycle 🗆 🗆 C	Other
Pre-Chemotherapy medicat	ions			
<ul> <li>Netupitant 300 mg/palo</li> <li>Dexamethasone 12 mg</li> <li>Dexamethasone 0.1% et</li> <li>Consider tumor lysis syr</li> <li>Allopurinol 300 chemotherapy.</li> </ul>	mg po 24-48 hours prior chemo	to chemotherapy on notherapy on day 1-7 ours during and for 5	days after cytarabine	infusion.
Chemotherapy*				
Fludarabine 30 mg/m <sup>2</sup> = • Dose Modification: over 30 minutes on	mcg subcutaneous on days 0 mg in 100 mL 0.9% NaCl i % =mg/m² = days 1 to 5 odification: □ Hematology:	ntravenous infusion = mg in 1	00 mL 0.9% NaCl intra	evenous infusion
Dose Modification:     over 3 hours twice	over 3 hours twice daily on days 1 to 5			
<ul><li>Dose Modification:</li><li>1-3</li></ul>	<ul> <li>Idarubicin 10 mg/m² =mg intravenous push over 5 minutes on days 1-3</li> <li>Dose Modification:% =mg/m² =mg intravenous push over 5 minutes on days 1-3</li> <li>Reason for dose modification: □ Hematology: □ Other Toxicity:</li> </ul>			
		U Other Toxicii	.y ·	
Post-Chemotherapy Medica  Dexamethasone 8 mg P				
<ul> <li>Metoclopramide 10 mg</li> <li>Voriconazole 200 mg PC</li> <li>Acyclovir 400 mg PO bio</li> </ul>	PO q6h PRN nausea/vomiting  bid until resolution of neutrope  for duration of treatment and m	nay for 3 months afte	•	
<ul> <li>(Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly .</li> <li>Cycle length: 28 days</li> </ul>				

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

#### References:

- 1.Montillo M, Mirto S, Petti MC, et al. Fludarabine, cytarabine, and G-CSF (FLAG) for the treatment of poor risk acute myeloid leukemia. Am J Hematol. Jun 1998;58(2):105-9.
- 2. Parker JE, Pagliuca A, Mijovic A, et al. Fludarabine, cytarabine, G-CSF and idarubicin (FLAG-IDA) for the treatment of poor-risk myelodysplastic syndromes and acute myeloid leukaemia. British journal of haematology. Dec 1997;99(4):939-44.



HDAC		High [	Dose Cytarabine	
Wt:	Ht: BS	5A:	BMI:	Cycle # of (Continues)
		· .	DIVII.	Delay treatment
ANC:	Platelets: H	lb:		week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
				Time:
Baseline Echo (Date)	://	ast Echo (Dat	e):// EF%:	Location:
Diagnosis:				,
Pre-chemotherapy (	Checklist			
□ CBC-diff □ Che	m Panel □ Liver Enzy	rmes □ Card	diac Function 🗆 N/V co	ntrol prior cycle 🗆 Other
Pre-Chemotherapy	medications			
<ul> <li>Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7</li> <li>Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only</li> <li>Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7</li> <li>Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion.</li> <li>Consider tumor lysis syndrome prophylaxis:         <ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.</li> </ul> </li> </ul>				
Chemotherapy*				
Cytarabine 3000 mg/m <sup>2</sup> =mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3				
and 5				
• Dose Modification:% = mg/m <sup>2</sup> = mg in 250 mL 0.9% NaCl intravenous infusion				
	s twice daily on days 1			
	dose modification: 🗆 🛭	Hematology:_	Other Toxio	city:
Post-Chemotherapy Medications				
<ul> <li>Dexamethasone 8 mg PO daily on days 6 &amp; 7</li> </ul>				
o Metoclopramide 10 mg PO q6h PRN nausea/vomiting				
<ul> <li>Voriconazole 200 mg PO bid until resolution of neutropenia.</li> </ul>				
Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.				
Cycle length: Repeat the cycle every 28 days for 3 – 4 cycles				
*For dose modification, refer to Cancer Drug references.				
Physician Name:	an Name: Signature:			Signature:
Pharmacy Verifi	ed by:			Signature:

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



1.Bloomfield CD, Lawrence D, Byrd JC, et al. Frequency of prolonged remission duration after high-dose cytarabine intensification in acute myeloid leukemia varies by cytogenetic subtype. Cancer research. Sep 15 1998;58(18):4173-9. 2.Lowenberg B. Sense and nonsense of high-dose cytarabine for acute myeloid leukemia. Blood. Jan 3 2013;121(1):26-8. doi:10.1182/blood-2012-07-444851



iDAC intermediate Dose Cytarabine			arabine	
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues)
ANC:	Platelets:	Hb:		Delay treatment week(s) Date:
Bilirubin:	ALT:	AST:	Creatinine:	Time:
Baseline Echo	(Date):// E	F%: Last Echo (	Date):// EF%:	Location:
Diagnosis:	· /	,	, <u></u>	-
Pre-chemoth	erapy Checklist			
□ CBC-diff	□ Chem Panel □ l	iver Enzymes 🗆 🕻	Cardiac Function	control prior cycle 🗆 Other
Pre-Chemoth	erapy medications			
<ul> <li>Netupital</li> <li>Dexamet</li> <li>Dexamet</li> <li>Consider</li> <li>Chemotherage</li> <li>Cytarabine 10</li> <li>and 5</li> </ul>	nt 300 mg/palonose hasone 12 mg IV on hasone 0.1% eye 2 c tumor lysis syndrom Allopurinol 300 mg p chemotherapy.  by*  000 mg/m2=	tron 0.5 mg PO 1 h ce 30 minutes prior drops in each eye en e prophylaxis: co 24-48 hours priormg in 250 mL 0.	r to chemotherapy on day very 4 hours during and for or chemotherapy and con 9% NaCl intravenous infu	or 5 days after cytarabine infusion.  tinue for up to 3 to 7 days after  sion over 3 hours twice daily on days 1, 3
• Dose Modification:% = mg/m <sup>2</sup> = mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5				
			gy:   Other To	
	herapy Medications hasone 8 mg PO dai			
	_	•	miting	
<ul> <li>Metoclopramide 10 mg PO q6h PRN nausea/vomiting</li> <li>Voriconazole 200 mg PO bid until resolution of neutropenia.</li> </ul>				
Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.				
Cycle length: Repeat the cycle every 28 days for 3 – 4 cycles				
*For dose modification, refer to Cancer Drug references.				
Physician Nan	ne:			Signature:
Pharmacy	Verified by:			Signature:
	Prepared by:			Signature:

Signature:

Signature:

Signature:

Checked & dispensed by:

Checked & received by:

Administered by:

Nursing



1.Sperr WR, Piribauer M, Wimazal F, et al. A novel effective and safe consolidation for patients over 60 years with acute myeloid leukemia: intermediate dose cytarabine ( $2 \times 1 \text{ g/m2}$  on days 1, 3, and 5). Clinical cancer research: an official journal of the American Association for Cancer Research. Jun 15 2004;10(12 Pt 1):3965-71. doi:10.1158/1078-0432.CCR-04-0185



Azacitidine	Azacitidine High risk Mylodesplastic Syndrome using Azacitidine			
Wt:	Ht: BSA: BMI:	Cycle # of (Continues)		
ANC: F	Platelets: Hb:	Delay treatment week(s)		
Bilirubin:	ALT: AST: Creatinine:	Date:		
Baseline Echo (Date)	:// EF%: Last Echo (Date)://_ EF%:	Time:		
		Location:		
Diagnosis:				
Pre-chemotherapy C				
□ CBC-diff □ Che	m Panel   Liver Enzymes   Cardiac Function   N/	V control prior cycle   Other		
Pre-Chemotherapy r	nedications			
<ul> <li>Ondansetron 16 mg IV 30 min prior to azacitadine on days 1-7</li> <li>Dexamethasone 12 mg PO/IV once 30 min prior to azacitadine on days 1-7</li> <li>Consider tumor lysis syndrome prophylaxis:         <ul> <li>Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.</li> </ul> </li> </ul>				
Chemotherapy*				
Azacitadine 75 mg/m² =mg subcutaneous over 5 minutes on days 1-7  • Dose Modification:% =mg/m² =mg subcutaneous over 5 minutes on days 1-7  • Reason for dose modification: □ Hematology: □ Other Toxicity:				
Post-Chemotherapy	Medications			
<ul> <li>Dexamethasone 8 mg PO daily on days 8 &amp; 9</li> <li>Metoclopramide 10 mg PO q6h PRN nausea/vomiting</li> <li>Voriconazole 200 mg PO bid until resolution of neutropenia.</li> <li>Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.</li> </ul>				
Cycle length: repeat every 28 days continues until disease progression				
*For dose modification, refer to Cancer Drug references.				
Physician Name:		Signature:		
•	ed by:	Signature:		
	ared by:	Signature:		
Check	ked & dispensed by:	Signature:		
		Signature.		
	ked & received by: nistered by:	Signature: Signature:		



- 1. Fenaux P, Mufti GJ, Hellstrom-Lindberg E, et al. Efficacy of azacitidine compared with that of conventional care regimens in the treatment of higher-risk myelodysplastic syndromes: a randomised, open-label, phase III study. The Lancet Oncology. Mar 2009;10(3):223-32. doi:10.1016/S1470-2045(09)70003-8
- 2. Silverman LR, Demakos EP, Peterson BL, et al. Randomized controlled trial of azacitidine in patients with the myelodysplastic syndrome: a study of the cancer and leukemia group B. Journal of clinical oncology: official journal of the American Society of Clinical Oncology. May 15 2002;20(10):2429-40.



HperCVAD Phase A				
Wt: Ht:	BSA: BMI:	Cycle # of		
		Delay treatment	week(s)	
ANC: Platelets:	Hb:	Date:		
Bilirubin: ALT:	AST: Creatinine:	Time:		
Baseline Echo (Date):/ EF	%: Last Echo (Date)://_ EF%:	Location:		
Diagnosis:				
Pre-chemotherapy Checklist				
	□ Liver Enzymes □ Cardiac Function	□ N/V control prior cycle	□ Other	
Pre-Chemotherapy medication				
30 to 60 min prior to chemotherap	·	,		
	minutes prior to chemotherapy on day 4-7 tron 0.5 mg PO 1 hour prior to chemothera			
	30 minutes prior to chemotherapy on days			
Chemotherapy*				
Doxorubicin 50 mg/m <sup>2</sup> =	_mg intravenous push over 5 minutes on o	day 4		
	% = mg/m <sup>2</sup> = m <sub>i</sub>		ites on days to	
Reason for dose modification	ation:   Hematology:   Other	Toxicity:	=	
Cyclophosphamide 300 mg/m <sup>2</sup> =	mg in 250 mL 0.9% NaCl intravenc	ous infusion twice daily on days	1-3	
	mg/m <sup>2</sup> = mg in 250 m			
Reason for dose modifications	ation:   Hematology:  Other T	oxicity:		
Vincristine 1.4 mg/m² =mg	(MAX= 2 mg) in 50 mL 0.9% NaCl intravend	ous infusion over 15 minutes or	n days 4 & 11	
Dose Modification:% = _	mg/m <sup>2</sup> = mg in 50 mL 0.9%	6 NaCl intravenous infusion ove	r 15 minutes on days 4 & 11	
Reason for dose modification	ation:   Hematology:   Other	Toxicity:		
		TOXICITY.	_	
Dexamethasone 40 mg Intravenou	ısly or orally on days 1-4 and 11-14			
Cytarabine 100 mg intrathecal on	day 2			
Methotrexate 12 mg intratheca	al on day 8 (6 mg if given via Ommaya	reservoir)		
		·		
□ Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14				
Post-Chemotherapy Medications				
o Metoclopramide 10 mg PO qu				
O Dexamethasone 8 mg PO daily on days 5-7				
<ul> <li>Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment</li> <li>Fluconazole 300 mg once daily throughout the neutropenia</li> </ul>				
Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly				
□ Allopurinol 300 mg PO daily on days 1-7				
□ filgrastim 300 mcg Subcutenously daily on days				
Cycle length: 21 days (Cycles 1	,3,5,&7)			

<sup>\*</sup>For dose modification, refer to Cancer Drug references.



Physician Na	sician Name: Signature:	
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### References:

- 1. Kantarjian, H., D. Thomas, S. O'Brien, et al. 2004. "Long-term follow-up results of hyperfractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone (Hyper-CVAD), a dose-intensive regimen, in adult acute lymphocytic leukemia." Cancer. 101(12):2788-2801.
- 2. Rausch CR, Jabbour EJ, Kantarjian HM, Kadia TM. Optimizing the use of the hyperCVAD regimen: Clinical vignettes and practical management. *Cancer*. 2020;126(6):1152-1160.



HperCVAD Phase B		HyperCVAD Phase B			
Wt: Ht:	BSA: E	BMI:	Cycle # of		
ANC: Platelets:	Hb:		Delay treatment	week(s)	
			Date:		
Bilirubin: ALT:	AST:	Creatinine:	Time:		
Baseline Echo (Date)://_	EF%: Last Echo (Date	e):// EF%:	Location:		
Diagnosis:					
Pre-chemotherapy Checkl	ist				
	·	iac Function	prior cycle 🗆 Other _		
Pre-Chemotherapy medic					
30 to 60 min prior to chemot	nerapy on day 1-7				
		r to chemotherapy on day 1- s prior to chemotherapy on			
tolerated for 48 hours O     Sodium Bicarbonate 130     less than 0.1 micromol/l     Obtain urine pH q6h unt     Methotrexate levels dail	<ul> <li>Sodium bicarbonate 100 mEq in 1 Liter D5W IV @ 150 mL/hr. Start 4 hours prior to methotrexate infusion and continue as tolerated for 48 hours OR until methotrexate level &lt; 0.1 micromol</li> <li>Sodium Bicarbonate 1300 mg PO q4h. Start the day prior to methotrexate administration; continue until methotrexate level is less than 0.1 micromol/L</li> <li>Obtain urine pH q6h until methotrexate is less than 0.1 micromol/L</li> </ul>				
Chemotherapy*	Chemotherapy*				
Methotrexate 1000 mg/m² =mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1  ■ Dose Modification:% =mg/m² =mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1  ■ Reason for dose modification: □ Hematology: □ Other Toxicity:					
Cytarabine 3000 mg/m²=	mg in 250 mL 0.9% N	JaCl intravenous infusion ove	er 2 hours twice daily on	days 2 & 3	
Dose Modification:	% =mg	g/m <sup>2</sup> = mg in 250	mL 0.9% NaCl intraveno	us infusion over 2	
hours twice daily or					
Reason for dose mo	odification:   Hematology:	Other Toxicity:			
Leucovorin 25 mg/m²=started exactly 24 hours after  Dose Modification: minutes every 6 ho	mg in 50 mL 0.9% NaCl methotrexate infusion % = mg urs for 4 doses, to be starte	intravenous infusion over 1 i/m² = mg in 50 n d exactly 24 hours after met □ Other Toxicity:	5 minutes every 6 hours nL 0.9% NaCl intravenou hotrexate infusion	is infusion over 15	
Leucovorin 30 mg PO every 6 hours, to be started exactly 6 hours after last dose of intravenous leucovorin					
Cytarabine 100 mg intrathecal on day 2					
Methotrexate 12 mg intrathe	cal on day 8 (6 mg if given v	ria Ommaya reservoir)			
□ Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14					



## **Post-Chemotherapy Medications**

- o Metoclopramide 10 mg PO q6h PRN nausea/vomiting
- o Dexamethasone 0.1% or Prednisone Forte eye drops 2 drops each eye Q6h to start 12h Pre-Cytarabine and continue until day 6 (i.e. 3 days after completion of AraC)
- o Dexamethasone 8 mg PO daily on days 5-6
- o Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment
- o Fluconazole 300 mg once daily throughout the neutropenia
- o Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly
  - □ Allopurinol 300 mg PO daily on days 1-7
  - ☐ filgrastim 300 mcg Subcutaneously daily on days

Cycle length: 21 days (Cycles 2,4,6,&8)

<sup>\*</sup>For dose modification, refer to Cancer Drug references.

Physician Na	Physician Name: Signature:	
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

### References:

- 3. Kantarjian, H., D. Thomas, S. O'Brien, et al. 2004. "Long-term follow-up results of hyperfractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone (Hyper-CVAD), a dose-intensive regimen, in adult acute lymphocytic leukemia." Cancer. 101(12):2788-2801.
- 4. Rausch CR, Jabbour EJ, Kantarjian HM, Kadia TM. Optimizing the use of the hyperCVAD regimen: Clinical vignettes and practical management. *Cancer*. 2020;126(6):1152-1160.



Blinatumomab	Blinatum	omab induction (R/	R ALL)	
induction	induction			
111	DCA D		0.1.11	
Wt: Ht:	BSA: B	MI:	Cycle # of Delay treatment	
ANC: Platelets:	Hb:		week(s)	
Bilirubin: ALT:	AST:	Creatinine:	Date:	
Baseline Echo (Date)://	_ EF%: Last Echo (Date)	:// EF%:	Time: Location:	
Diagnosis:				
Pre-chemotherapy Checklist				
☐ CBC-diff ☐ Chem Panel	☐ Liver Enzymes ☐ Cardia ☐ Cardia ☐ Cardia	ac Function	trol prior cycle 🗆 🗅 C	Other
Pre-Chemotherapy medication				
60 min prior to blinatumomab	infusion on days 1 and 8			
<ul> <li>Dexamethasone 20 mg IV of interruption of more than</li> </ul>		one dose prior to restart	ing blinatumomab if a	an infusion
Chemotherapy*				
hours on days 1 – 7 • Reason for dose modification:  Dose Modification: hours on days 8-28	mcg in 250 mL 0.9% Na % = mcg/m² = fication: □ Hematology: mcg in 250 mL 0.9% N % = mcg/m² = fication: □ Hematology:	mcg in 250 mL 0.9% N □ Other Toxici JaCl intravenous infusio mcg in 250 mL 0.9% N	laCl intravenous infus ty: n over 24 hours on da laCl intravenous infus	sion over 24  lys 8-28 sion over 24
Blinatumomab 5 mcg/m² = • Dose Modification: hours on days 1 – 7	_	mcg in 250 mL 0.9%	NaCl intravenous info	usion over 24
Blinatumomab 15 mcg/m <sup>2</sup> = • Dose Modification: hours on days 8-28	mcg in 250 mL 0.9% % = mcg/m <sup>2</sup> =	NaCl intravenous infusi mcg in 250 mL 0.9% N	on over 24 hours on d laCl intravenous infus	lays 8-28
• Reason for dose modification:   Hematology:  Other Toxicity:  Post-Chemotherapy Medications				
<ul> <li>Metoclopramide 10 mg PC</li> <li>Acyclovir 400 mg PO twice</li> <li>Sulfamethoxazole/Trimeth</li> <li>Allopurinol 300 mg PO dail</li> </ul> Cycle length: 42 days	q6h PRN nausea/vomiting daily throughout the cycle oprim double strength 1 to	and 3 months after fini	_	



\*For dose modification, refer to Cancer Drug references.

Patient information

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

## References:

Kantarjian H, Stein A, Gokbuget N, et al. Blinatumomab versus chemotherapy for advanced acute lymphoblastic leukemia. N Engl J Med 2017;376:836-47.



Blinatumomab MRD+	Blinatumomab MRD+ Blinatumomab MRD+			
Wt: Ht:	BSA:	вмі:	Cycle # of Delay treatment	week(s)
ANC: Platelets:	Hb:		Date:	week(3)
Bilirubin: ALT:	AST:	Creatinine:	Time:	
Baseline Echo (Date)://	_ EF%: Last Echo	(Date)://_ EF%:	Location:	
Diagnosis:		· · · · · · · · · · · · · · · · · · ·		
Pre-chemotherapy Checklist				
☐ CBC-diff ☐ Chem Panel	□ Liver Enzymes □	Cardiac Function □ N/V	control prior cycle	□ Other
Pre-Chemotherapy medication	ns			
60 min prior to blinatumomab	infusion on days 1 ar	nd 8		
o Dexamethasone 20 mg IV	once (Repeat dexam	ethasone dose prior to re	starting blinatumoma	ab if an infusion
interruption of more than	4 hours occurs)			
Chemotherapy*				
<ul> <li>If patient weight is ≥ 45kg</li> <li>Blinatumomab 28 mcg =mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28</li> <li>Dose Modification:% =mcg/m² =mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28</li> <li>Reason for dose modification: □ Hematology:□ Other Toxicity:</li> </ul>				
o If patient weight is < 45	kg			
Blinatumomab 15 mcg/m² =mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28  • Dose Modification:% =mcg/m² =mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28  • Reason for dose modification: □ Hematology:□ Other Toxicity:				
Post-Chemotherapy Medications				
Metoclopramide 10 mg PO q6h PRN nausea/vomiting				
<ul> <li>Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment</li> </ul>				
<ul> <li>Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly</li> </ul>				
Allopurinol 300 mg PO daily on days 1-7				
Cycle length: 42 days	Cycle length: 42 days			
*For dose modification, refer to	Cancer Drug referen	ices.		

Physician Na	me:	Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:



Topp MS, Gokbuget N, Zugmaier G, et al. Long-term follow-up of hematologic relapse-free survival in a phase 2 study of blinatumomab in patients with MRD in B-lineage ALL. *Blood*. 2012;120(26):5185-5187