

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	Neoadjuvant or adjuvant therapy Using DOXOrubicin and Cyclophosphamide	
Wt: _____ Ht: _____ BSA: _____ BMI: _____ ANC: _____ Platelets: _____ Hb: _____ Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____ Baseline Echo (Date): __/__/__ EF%: _____ Last Echo (Date): __/__/__ EF%: _____	Cycle # _____ Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____	
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____		
Pre-Chemotherapy medications		
30 to 60 min prior to AC treatment: <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO Day 1		
Chemotherapy*		
Cycles 1-4 DOXOrubicin 60 mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes on day 1 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes on day 1 <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Cyclophosphamide 600 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on day 1 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on day 1 <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Post-Chemotherapy Medications		
<input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 <input type="checkbox"/> Dexamethasone 8 mg PO daily Day 2-4 <input type="checkbox"/> Metoclopramide 10 mg PO 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:

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 Pembrolizumab for TNBC		Adjuvant Therapy for Triple Negative Breast Cancer using Pembrolizumab		
Wt:	Ht:	BSA:	BMI:	Cycle #
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	AST:	Thyroid profile:	Date:
Creatinine:				Time:
Baseline Echo (Date): __/__/__	EF%:	Last Echo (Date): __/__/__	EF%:	Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
No routine premedications unless the patient develops infusion related 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-Chemotherapy Medications				
None				
Cycle length: Repeat every 21 days for one year				
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, Puztai 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	Treatment for Advanced Breast Cancer Using Cyclophosphamide (oral), Methotrexate and 5-Fluorouracil				
Wt:	Ht:	BSA:	BMI:	Cycle # of 6	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
30 to 60 min prior to treatment:					
<input type="radio"/> Ondansetron 8 mg IV once on Day 1 and 8 <input type="radio"/> Dexamethasone 8 mg PO once on Day 1 and 8					
Chemotherapy					
<u>In day 1 and 8:</u>					
Methotrexate 40 mg/m ² x BSA = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.					
<input type="radio"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.					
<input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
5-Fluorouracil 600 mg/m ² x BSA = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes					
<input type="radio"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes					
<input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
<u>From day 1 to day 14:</u>					
Cyclophosphamide 100 mg/m ² = _____ mg PO once daily in the morning (round the dose to nearest 25 mg)					
<input type="radio"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg.					
<input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="radio"/> Dexamethasone 4 mg PO BID on Day 2-3 and 9-10 (Cycles 1-6) <input type="radio"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)					
Cycle length: Repeat every 28 days for 6 cycles (treatment is off from day 15 to 28)					
Physician Name:				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispensed by:			Signature:	
Nursing	Checked & received 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 PACLitaxel	Neoadjuvant or Adjuvant Therapy for Breast Cancer Using Dose Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by Weekly PACLitaxel	
Wt: _____	Ht: _____	BSA: _____
ANC: _____	Platelets: _____	Hb: _____
Bilirubin: _____	ALT: _____	AST: _____
Baseline Echo (Date): __/__/__	EF%: _____	Last Echo (Date): __/__/__
		EF%: _____
		Cycle # _____
		Delay treatment _____ week(s)
		Date: _____
		Time: _____
		Location: _____
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
60 to 30 min prior to AC treatment: <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO Day 1		30 min prior to PACLitaxel treatment: <input type="checkbox"/> Dexamethasone 10-20 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes
Chemotherapy*		
Cycles 1-4:		
DOXOrubicin 60 mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes On day 1.		
• Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes On day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Cyclophosphamide 600 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes On day 1.		
• Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes On day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Repeat every 14 days for 4 cycles		
After cycle 4:		
PACLitaxel 80 mg/m ² x BSA = _____ mg in 250 ml (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour. (use non-DEHP tubing with 0.2 micron in-line filter) Every 7 days for 12 weeks.		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ in 250 ml (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour. (use non-DEHP tubing with 0.2 micron in-line filter) Every 7 days for 12 weeks. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Repeat every 7 days for 12 weeks		
Post-Chemotherapy Medications		
<input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-4) <input type="checkbox"/> Dexamethasone 8 mg PO daily Day 2-4 (Cycles 1-4) <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-4) <input type="checkbox"/> Filgrastim 300 mcg or (5 mcg/kg/day) SC daily Day 3-10 (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 and Pertuzumab		Adjuvant Therapy for Breast Cancer DOCetaxel, Trastuzumab and Pertuzumab		
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
Dexamethasone 8 mg PO BID for 3 days starting one day prior to DOCetaxel; patient must receive 3 doses prior to treatment. If dexamethasone was not received 1 day prior to docetaxel, give dexamethasone 20 mg IV on day 1 prior to docetaxel and continue dexamethasone 8 mg PO BID, the night of day 1 and days 2-3.				
Chemotherapy*				
Cycles 1-4:				
DOCetaxel 75-100 mg/m ² x BSA = _____ mg IV in 250 to 500 mL 0.9% NaCl (non-DEHP bag) over 1 hour.				
<input type="radio"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL 0.9% NaCl (non-DEHP bag) over 1 hour.				
<input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Cycles 1				
<ul style="list-style-type: none"> Trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL 0.9% NaCl over 90 minutes on day 2. Observe for 1 hour post infusion. PERTuzumab 840 mg IV in 250 mL 0.9% NaCl over 1 hour on day 1. Observe for 1-hour post-infusion. 				
Cycles 2				
<ul style="list-style-type: none"> Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL 0.9% NaCl over 1 hour. Observe for 30 minutes post infusion. on day 1. PERTuzumab 420 mg IV in 250 mL 0.9% NaCl over 1 hour. Observe for 30 – 60 minutes post infusion. on day 1. 				
Cycles 3 and onwards to complete ONE YEAR				
<ul style="list-style-type: none"> Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL 0.9% NaCl over 30 minutes. Observe for 30 minutes post infusion. on day 1. PERTuzumab 420 mg IV in 250 mL 0.9% NaCl over 30 minutes. Observe for 30 – 60 minutes post infusion. on day 1. 				
Post-Chemotherapy Medications				
<input type="radio"/> Dexamethasone 8 mg PO BID days 2-3 <input type="radio"/> Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)				
Cycle length: Repeat every 21 days				
Physician Name:				Signature:



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Patient information

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 Trastuzumab		Adjuvant Therapy for Breast Cancer DOCetaxel and Trastuzumab		
Wt:	Ht:	BSA:	BMI:	Cycle # Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
Dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCetaxel; patient must receive 3 doses prior to treatment. If dexamethasone was not received 1 day prior to docetaxel, give dexamethasone 20 mg IV on day 1 prior to docetaxel and continue dexamethasone 8 mg PO BID, the night of day 1 and days 2-3.				
Chemotherapy*				
Cycles 1-4: DOCetaxel $75\text{-}100\text{ mg/m}^2 \times \text{BSA} =$ _____ mg IV in 250 to 500 mL 0.9% NaCl (non-DEHP bag) over 1 hour. (Use non-DEHP tubing) on day 1. <input type="radio"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg <input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Cycles 1 Trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL 0.9% NaCl over 90 minutes . Observe for 1 hour post infusion. on day 1.				
Cycles 2 Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL 0.9% NaCl 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 IV in 250 mL 0.9% NaCl over 30 minutes . Observe for 30 minutes post infusion. on day 1.				
Post-Chemotherapy Medications				
<input type="radio"/> Dexamethasone 8 mg PO BID days 2-3 <input type="radio"/> Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)				
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:

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

DD AC- DD PACLitaxel	Neoadjuvant or Adjuvant Therapy for Breast Cancer Using Dose Dense Therapy : DOXOrubicin and Cyclophosphamide Followed by PACLitaxel		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle # Delay treatment _____ week(s) Date: Time: Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____			
Pre-Chemotherapy medications			
60 to 30 min prior to AC treatment: <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO Day 1		30 min prior to PACLitaxel treatment: <input type="checkbox"/> Dexamethasone 20 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes	
Chemotherapy*			
Cycles 1-4: DOXOrubicin 60 mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Cyclophosphamide 600 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. On day 1. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Cycles 5-8: PACLitaxel 175 mg/m ² x BSA = _____ mg in 500 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 3 hours . (use non-DEHP tubing with 0.2 micron in-line filter) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml 0.9% NaCl for IV infusion over 3 hours. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-4) <input type="checkbox"/> Dexamethasone 8 mg PO daily Day 2-4 (Cycles 1-4) <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8) <input type="checkbox"/> Filgrastim 300 mcg or (5 mcg/kg/day) SC daily Day 3-10 (Cycles 1-8)			
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.

Weekly PACLitaxel	Neoadjuvant or Adjuvant Therapy using Weekly PACLitaxel		
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # _____		Delay treatment _____ week(s)
ANC: _____ Platelets: _____ Hb: _____	Date: _____		Time: _____
Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____	Location: _____		
Baseline Echo (Date): ____/____/____ EF%: _____	Last Echo (Date): ____/____/____ EF%: _____		
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 min prior to PACLitaxel treatment: <ul style="list-style-type: none"> ○ Dexamethasone 10-20 mg IV over 15 minutes ○ Diphenhydramine 25-50 mg IV over 15 minutes ○ Famotidine 20 mg IV over 15 minutes 			
Chemotherapy*			
PACLitaxel $80 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg in 250 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour. (use non-DEHP tubing with 0.2 micron in-line filter) <ul style="list-style-type: none"> ○ Dose Modification: _____ % = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Post-Chemotherapy Medications			
<ul style="list-style-type: none"> ○ Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8) 			
Cycle length: Weekly for 4 cycle (12 weeks total)			
Physician Name: _____		Signature: _____	
Pharmacy	Verified by: _____	Signature: _____	
	Prepared by: _____	Signature: _____	
	Checked & dispensed by: _____	Signature: _____	
Nursing	Checked & received 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

DOCetaxel Q3W	Neoadjuvant or adjuvant therapy using DOCetaxel Every 3 Weeks		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle # Delay treatment _____ week(s) Date: Time: Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____			
Pre-Chemotherapy medications			
1 day prior to DOCetaxel treatment:			
<input type="checkbox"/> Dexamethasone 8 mg PO BID starting one day prior to each DOCetaxel administration. Patient must receive minimum of 3 doses pretreatment.			
Chemotherapy*			
<u>Cycles 1-4:</u>			
DOCetaxel 100 mg/m ² x BSA = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.			
<input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> Dexamethasone 8 mg PO BID Day 2-3			
Cycle length: 21 days for 4 cycles			
Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received by:	Signature:	
	Administered 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 Therapy for Early Breast Cancer Using DOXOrubicin, Cyclophosphamide and DOCETaxel	
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # _____ Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____	
ANC: _____ Platelets: _____ Hb: _____		
Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____		
Baseline Echo (Date): __/__/__ EF%: _____ Last Echo (Date): __/__/__ EF%: _____		
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
30 to 60 min prior to treatment: <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1		1 day prior to treatment: <input type="checkbox"/> Dexamethasone 8 mg PO BID starting one day prior to each DOCETaxel administration. Patient must receive minimum of 3 doses pretreatment.
Chemotherapy*		
<u>Cycles 1-6:</u>		
DOXOrubicin 50 mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Cyclophosphamide 500 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
<u>1 hour after DOXOrubicin and cyclophosphamide:</u>		
DOCETaxel 75 mg/m ² x BSA = _____ mg in 250 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 1 hour (use non-DEHP tubing) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Post-Chemotherapy Medications		
<input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 <input type="checkbox"/> Dexamethasone 8 mg PO BID Day 2-3 <input type="checkbox"/> Filgrastim (G-CSF) 300 mg or (5 mcg/kg/dose) SC daily Day 3-10 <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V		

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-fluorouracil, 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	Neoadjuvant and Adjuvant Therapy for Breast Cancer Using DOCEtaxel and Cyclophosphamide				
Wt:	Ht:	BSA:	BMI:	Cycle # of 4	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
30 to 60 min prior to treatment: <input type="checkbox"/> Ondansetron 8 mg IV daily Day 1			1 day prior to treatment: <input type="checkbox"/> Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment.		
Chemotherapy*					
<u>Cycles 1-4:</u>					
Cyclophosphamide 600 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.					
• Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.					
• Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
DOCEtaxel 75 mg/m ² x BSA = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.					
<input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Dexamethasone 8 mg PO BID Day 2-3 <input type="checkbox"/> Filgrastim (G-CSF) 300 mg or 5 mcg/kg/day SC daily Day 3-10 <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V					
Cycle length: Repeat every 21 days for 4 cycles					
Physician Name:				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispensed by:			Signature:	
Nursing	Checked & received by:			Signature:	
	Administered by:			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)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
Baseline Echo (Date): __/__/__ EF%: _____				Time:	
Last Echo (Date): __/__/__ EF%: _____				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
30 minutes prior to CARBOplatin treatment: <ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Olanzapine 5 mg PO daily Day 1 			1 day prior to DOCEtaxel treatment: <ul style="list-style-type: none"> Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment. 		
Chemotherapy*					
<u>Cycles 1-6:</u>					
DOCEtaxel $75 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour on day 1 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ $\text{mg/m}^2 =$ _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
CARBOplatin $\text{AUC } 6 \times (\text{GFR} + 25) =$ _____ mg (MAX. 900 mg) in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ $\text{mg/m}^2 =$ _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 min Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
<u>Cycle 1 (Loading dose):</u>					
Trastuzumab $8 \text{ mg/kg} \times \text{weight} =$ _____ mg in 250 ml 0.9% NaCl for IV infusion over 90 minutes. On day 1					
<u>Cycle 2-17 (Maintenance dose):</u>					
Trastuzumab $6 \text{ mg/kg} \times \text{weight} =$ _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes on cycle 2. If tolerated, infuse over 30 minutes on subsequent cycles. On day 1					
Post-Chemotherapy Medications					
<input type="checkbox"/> Dexamethasone 8 mg PO BID Day 2-3 (Cycles 1-6) <input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-6) <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6) <input type="checkbox"/> Filgrastim 300 mcg SC daily Day 3-10 (Cycles 1-6)					
Cycle length: Repeat every 21 days for 6 cycles					
Physician Name:				Signature:	
Pharmacy	Verified by:			Signature:	

Nursing	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
	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 Pembrolizumab for TNBC	NEOAdjuvant Therapy for Triple Negative Breast Cancer using Pembrolizumab with CARBOplatin and Weekly PACLitaxel, Followed by DOXOrubicin and Cyclophosphamide	
Wt: _____ Ht: _____ BSA: _____ BMI: _____ ANC: _____ Platelets: _____ Hb: _____ Thyroid profile: _____ Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____ Baseline Echo (Date): ____/____/____ EF%: _____ Last Echo (Date): ____/____/____ EF%: _____	Cycle # _____ Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____	
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
30 to 60 min prior to chemotherapy <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1		30 min prior to PACLitaxel treatment: <input type="checkbox"/> Dexamethasone 10-20 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes
Chemotherapy*		
CYCLE # _____ (Cycle 1-4) 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 only. PACLitaxel 80 mg/m ² = _____ 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 day 1, 8, and 15 . <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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 <input type="checkbox"/> 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. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg Cyclophosphamide 600 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl IV infusion over 20 minutes to 1 hour. On day 1. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		

Post-Chemotherapy Medications		
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO daily Day 2-4 ○ Dexamethasone 8 mg PO daily Day 2-4 ○ Metoclopramide 10 mg PO 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:

Schmid P, Cortes J, Puztai 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 Breast Cancer Using DOCetaxel, CARBOplatin, Trastuzumab and pERTUzumab	
Wt: _____ Ht: _____ BSA: _____ BMI: _____ ANC: _____ Platelets: _____ Hb: _____ Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____ Baseline Echo (Date): __/__/__ EF%: _____ Last Echo (Date): __/__/__ EF%: _____	Cycle # _____ of 6 Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____	
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
30 minutes prior to CARBOplatin treatment: <ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Olanzapine 5 mg PO daily Day 1 		One day prior to DOCetaxel treatment: <ul style="list-style-type: none"> Dexamethasone 8 mg PO BID , Patient must receive minimum of 3 doses pretreatment.
Chemotherapy*		
Cycles 1-6: DOCetaxel 75 mg/m ² 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. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 min Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 		
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. pERTUzumab 840 mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes on day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 		
Post-Chemotherapy Medications		
<ul style="list-style-type: none"> 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) 		
Cycle length: Repeat every 21 days for 6 cycles		



وزارة الصحة Ministry of Health

Patient information

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, Trastuzumab		Adjuvant Therapy for Breast Cancer PACLitaxel (Weekly), and 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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 min prior to PACLitaxel treatment: <ul style="list-style-type: none"> <input type="checkbox"/> Dexamethasone 10-20 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes 				
Chemotherapy*				
Cycles 1-4: PACLitaxel 80 mg/m ² = _____ 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 <ul style="list-style-type: none"> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² = _____ <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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				
<input type="checkbox"/> 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:

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 and PERTuzumab	Adjuvant Therapy for Breast Cancer PACLitaxel (Weekly), Trastuzumab and PERTuzumab		
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # _____		Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____
ANC: _____ Platelets: _____ Hb: _____			
Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____			
Baseline Echo (Date): ____/____/____ EF%: _____ Last Echo (Date): ____/____/____ EF%: _____			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 min prior to PACLitaxel treatment: <ul style="list-style-type: none"> <input type="checkbox"/> Dexamethasone 10-20 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes 			
Chemotherapy*			
Cycles 1-4:			
PACLitaxel 80 mg/m ² OR _____ mg/m ² (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 Day 1, 8, and 15.			
<ul style="list-style-type: none"> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Cycle 1			
<ul style="list-style-type: none"> 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 PERTuzumab 840 mg in 250 mL 0.9% NaCl IV infusion over 1 hour. Observe for 1-hour post-infusion. On day1 			
Cycle 2			
<ul style="list-style-type: none"> 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 PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion over 1 hour. Observe for 30 – 60 minutes post infusion. on day 1 			
Cycle 3 and onward to complete ONE YEAR			
<ul style="list-style-type: none"> Trastuzumab 6 mg/kg = _____ mg in 250 mL 0.9% NaCl IV infusion over 30 minutes. Observe for 30 minutes post infusion. on day 1 PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion over 30 minutes. Observe for 30 – 60 minutes post infusion. on day 1 			

Post-Chemotherapy Medications		
o 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	Treatment for Advanced Breast Cancer Using Cyclophosphamide (IV), Methotrexate and 5-Fluorouracil				
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
30 to 60 min prior to treatment:					
<input type="checkbox"/> Ondansetron 8 mg IV once on day 1 and 8 <input type="checkbox"/> Dexamethasone 12 mg PO once on day 1 and 8					
Chemotherapy					
On day 1 and 8					
Methotrexate 40 mg/m ² = _____ mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
5-Fluorouracil 600 mg/m ² = _____ mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Cyclophosphamide 600 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl IV infusion over 20 minutes to 1 hour					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Dexamethasone 4 mg PO BID Day 2-3 and 9-10 (Cycles 1-6) <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)					
Cycle length: Repeat every 21 days for 6-8 cycles					
Physician Name:				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispensed by:			Signature:	
Nursing	Checked & received by:			Signature:	
	Administered 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 ,Trastuzumab and Pertuzumab	Palliative Therapy for Breast Cancer DOCetaxel, Trastuzumab and Pertuzumab		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
<p>Dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCetaxel; patient must receive 3 doses prior to treatment</p> <p>If dexamethasone not received 1 day prior to docetaxel, give dexamethasone 20 mg IV on day 1 prior to docetaxel and continue dexamethasone 8 mg PO BID, the night of day 1 and days 2-3</p>			
Chemotherapy*			
Cycles 1-8:			
DOCetaxel $75 \text{ mg/m}^2 \times \text{BSA} = \text{_____ mg}$ • Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} = \text{_____ mg}$ 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Cycles 1			
Trastuzumab $8 \text{ mg/kg} \times \text{_____ kg} = \text{_____ mg}$ 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 . Observe for 1 hour post-infusion			
Cycles 2			
Trastuzumab $6 \text{ mg/kg} \times \text{_____ kg} = \text{_____ mg}$ 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 $6 \text{ mg/kg} \times \text{_____ kg} = \text{_____ mg}$ in 250 mL 0.9% NaCl IV infusion over 30 minutes . Observe for 30 minutes post infusion. PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion over 30 minutes . Observe for 30 minutes to 1 hour post infusion.			
Post-Chemotherapy Medications			
<input type="checkbox"/> Dexamethasone 8 mg PO BID days 2-3 (Cycles 1-8) <input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
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

DOCetaxel		Palliative Therapy for Metastatic Breast Cancer Using DOCetaxel		
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
Dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCetaxel; patient must receive 3 doses prior to treatment If dexamethasone not received 1 day prior to docetaxel, give dexamethasone 20 mg IV on day 1 prior to docetaxel and continue dexamethasone 8 mg PO BID, the night of day 1 and days 2-3				
Chemotherapy*				
DOCetaxel 75-100 mg/m ² x BSA = _____ mg • Dose Modification: _____ % = _____ mg/m ² 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Post-Chemotherapy Medications				
<input type="checkbox"/> dexamethasone 8 mg PO BID days 2-3 <input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V				
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:

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:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%: __/__/__		Last Echo (Date): __/__/__ EF%: __/__/__	
Cycle # of 6		Delay treatment _____ week(s)	
Date:		Time:	
Location:			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to treatment:			
<input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO Day 1			
Chemotherapy*			
<u>Cycles 1-6:</u>			
Epirubicin 75 mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 1 hour			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 ml 0.9% NaCl for IV infusion over 1 hour <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Cyclophosphamide 600 mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> Dexamethasone 8 mg PO Day 2-4 (Cycles 1-6) <input type="checkbox"/> Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-6) <input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)			
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:

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.

eriBULin		Palliative Therapy for Metastatic Breast Cancer Using eriBULin				
Wt:	Ht:	BSA:	BMI:	Cycle #		
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date:		
				Time:		
				Location:		
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<input type="checkbox"/> Metoclopramide 10 to 20 mg PO prior to treatment						
Chemotherapy*						
DAY 1 and 8 eriBULin $1.23 \text{ mg/m}^2 = \text{_____ mg}$ IV Push over 2 to 5 minutes on Day 1 and Day 8. (eribulin 1.4 mg/m^2 is equivalent to 1.23 mg/m^2 (free base))						
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ $\text{mg/m}^2 = \text{_____ mg}$ IV Push over 2 to 5 minutes on Day 1 and Day 8. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Post-Chemotherapy Medications						
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V						
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:

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 2013; 377:914-23

Gemcitabine and CARBOplatin	Palliative Therapy for Metastatic Breast Cancer Using CARBOplatin and Gemcitabine		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
			Cycle # Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to chemo			
<input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO/IV Day			
Chemotherapy*			
Gemcitabine $1000 \text{ mg/m}^2 = \text{___ mg}$ in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8 <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 = \text{___ mg}$ in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8 <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ CARBOplatin (AUC = 5) x (GFR + 25) = ___ mg (MAX.750 mg) in 100 to 250 mL 0.9% NaCl for IV infusion over 30 minutes Day 1 only			
Post-Chemotherapy Medications			
<input type="checkbox"/> Olanzapine 5mg PO daily Day 2-4 <input type="checkbox"/> Dexamethasone 8 mg PO/IV daily Day 2-4 <input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
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:

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.

Gemcitabine and CISplatin	Palliative Therapy for Metastatic Breast Cancer Using CISplatin and Gemcitabine		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Cycle #			Delay treatment _____ week(s)
Date:			Time:
Location:			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications		Pre-CISplatin hydration	
30 to 60 min prior to chemo <input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Olanzapine 5 mg PO daily Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO/IV Day		<input type="checkbox"/> Normal Saline (0.9% NaCl) 500 ml over 1 hour	
Chemotherapy*			
Gemcitabine 600 or 750 mg/m ² (select one) x BSA = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8 <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
CISplatin 30 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and 8 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and 8 <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications		Post CISplatin hydration	
<input type="checkbox"/> Olanzapine 5mg PO daily Day 2-4 <input type="checkbox"/> Dexamethasone 8 mg PO/IV daily Day 2-4 <input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V		Potassium Chloride 20 MEq+2 grams Magnesium Sulphate in Normal Saline (0.9% NaCl) 500 ml over 1 hour	
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:

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 and PERTuzumab		Palliative Therapy for Breast Cancer PACLitaxel, Trastuzumab and PERTuzumab		
Wt:	Ht:	BSA:	BMI:	Cycle # Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 min prior to PACLitaxel treatment: <ul style="list-style-type: none"> ○ Dexamethasone 10-20 mg IV over 15 minutes ○ Diphenhydramine 25-50 mg IV over 15 minutes ○ Famotidine 20 mg IV over 15 minutes 				
Chemotherapy				
Cycles 1-8: PACLitaxel 175 mg/m ² = _____ mg in 500 mL (non-DEHP bag) 0.9% NaCl for IV infusion over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.) on day 2 of the 1 st cycle and then day 1 on subsequent cycles. <ul style="list-style-type: none"> ○ Dose Modification: _____ % = _____ mg/m² = _____ mg ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Cycles 1 <ul style="list-style-type: none"> • Trastuzumab 8 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 90 minutes. Observe for 60 minutes post infusion on day 2. • PERTuzumab 840 mg in 250 mL 0.9% NaCl for IV infusion over 60 minutes. Observe for 60 minutes post-infusion on day 1. 				
Cycles 2 <ul style="list-style-type: none"> • Trastuzumab 6 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 60 minutes. Observe for 30 minutes post infusion on day 1. • PERTuzumab 420 mg in 250 mL 0.9% NaCl for IV infusion over 60 minutes. Observe for 30 – 60 minutes post infusion on day 1. 				
Cycles 3 and onwards Trastuzumab 6 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes . Observe for 30 minutes post infusion on day 1. PERTuzumab 420 mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes . Observe for 30 – 60 minutes post infusion on day 1.				

Post-Chemotherapy Medications		
o 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 Name:		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	Palliative Therapy for Metastatic Breast Cancer Using Weekly PAClitaxel (3 weeks out of 4 weeks)		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
			Cycle # _____ Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 min prior to PACLitaxel treatment: <ul style="list-style-type: none"> <input type="radio"/> Dexamethasone 10-20 mg IV over 15 minutes <input type="radio"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="radio"/> Famotidine 20 mg IV over 15 minutes 			
Chemotherapy*			
Weekly regimen: PACLitaxel 90 mg/m ² = _____ 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. <ul style="list-style-type: none"> <input type="radio"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg <input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Post-Chemotherapy Medications			
<input type="radio"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
Cycle length: Repeat every 28 days (Based on the selected regimen). 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:

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 for mTNBC	Palliative Therapy for Advanced Triple Negative Breast Cancer using Pembrolizumab and Weekly PAClitaxel		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle #	
		Delay treatment _____ week(s)	
		Date:	
		Time:	
		Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 45 min prior to PACLitaxel treatment:			
<input type="checkbox"/> Dexamethasone 10 mg IV over 15 minutes <input type="checkbox"/> Diphenhydramine 25-50 mg IV over 15 minutes <input type="checkbox"/> Famotidine 20 mg IV over 15 minutes			
Chemotherapy			
Pembrolizumab 200 mg in 50 mL 0.9% NaCl for IV infusion over 30 minutes using a 0.2 micron in-line filter every 21 days			
PACLitaxel 90 mg/m ² = _____ mg in 250 ml (non-DEHP bag) 0.9% NaCl for IV infusion over 1-hour (use non-DHEP tubing with 0.2 micron in-line filter) on day 1, 8, and 15 every 28 days .			
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² = _____ mg <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
None			
Cycle length: Repeat every 28 days (PACLitaxel) and every 21 days (Pembrolizumab) until disease progression or unacceptable toxicity (Pembrolizumab: Maximum of 36 cycles or 2 years)			
Physician Name:		Signature:	
Pharmacy	Verified by:	Signature:	
	Prepared by:	Signature:	
	Checked & dispensed by:	Signature:	
Nursing	Checked & received 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 Deruxtecan	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab Deruxtecan		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle # Delay treatment _____ week(s) Date: Time: Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to chemotherapy treatment: <ul style="list-style-type: none"> ○ Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 ○ Olanzapine 5 mg PO daily Day 1 ○ Dexamethasone 12 mg PO Day 1 			
Chemotherapy*			
Trastuzumab Deruxtecan 5.4 mg/kg = _____ mg IV in 100 mL D5W over 90 minutes through a low protein binding 0.2 or 0.22 micron in-line filter. <ul style="list-style-type: none"> ○ Dose Modification: _____ mg/kg x _____ kg = _____ mg ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ If initial infusion was tolerated well, administer subsequent infusions over 30 minutes			
Post-Chemotherapy Medications			
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO Days 2-4 ○ Olanzapine 5 mg PO daily Day 1 ○ Metoclopramide 10 mg PO/IV q6h PRN N/V 			
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:

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

Trastuzumab Emtansine	Palliative Therapy for Metastatic Breast Cancer Using Fam-Trastuzumab Emtansine				
Wt:	Ht:	BSA:	BMI:	Cycle #	
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					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
Metoclopramide 10 to 20 mg PO prior to treatment					
Chemotherapy*					
Trastuzumab emtansine 3.6 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 90 minutes using a 0.2 micron in-line filter.					
Observe for 90 minutes 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-Chemotherapy Medications					
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V					
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:

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

Trastuzumab, Tucatinib, and Capecitabine	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab, Tucatinib, and Capecitabine		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other			
Pre-Chemotherapy medications			
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: <ul style="list-style-type: none"> <input type="radio"/> Tucatinib* 250 mg PO BID on days 1 to 21 continuously <input type="radio"/> Tucatinib* 200 mg PO BID on days 1 to 21 continuously <input type="radio"/> Tucatinib* 150 mg PO BID on days 1 to 21 continuously 			
Cycle 1 and onwards Capecitabine 1000 mg/m ² x BSA x (_____%) = _____ mg PO BID x 14 days on days 1 to 14.			
Post-Chemotherapy Medications			
<input type="radio"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
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:

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 and Pertuzumab	Palliative Therapy for Breast Cancer Vinorelbine, Trastuzumab and Pertuzumab		
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # _____		Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____
ANC: _____ Platelets: _____ Hb: _____			
Bilirubin: _____ ALT: _____ AST: _____ Creatinine: _____			
Baseline Echo (Date): ____/____/____ EF%: _____ Last Echo (Date): ____/____/____ EF%: _____			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
Metoclopramide 10 mg PO prior to treatment			
Chemotherapy*			
Cycles 1-8:			
Vinorelbine 25 mg/m ² = _____ mg in 50 mL 0.9% NaCl for IV infusion over 6 minutes on Day 1 and Day 8			
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg in 50 mL 0.9% NaCl IV over 6 minutes on Day 1 and Day 8. Flush vein with 75 to 125 mL 0.9% NaCl following infusion. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Cycles 1			
Trastuzumab 8 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 1 hour 30 minutes . Observe for 1 hour post infusion.			
PERTuzumab 840 mg in 250 mL 0.9% NaCl for IV infusion over 1 hour . Observe for 1 hour post-infusion			
Cycles 2			
Trastuzumab 6 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 1 hour . Observe for 30 minutes post infusion.			
PERTuzumab 420 mg in 250 mL 0.9% NaCl for IV infusion over 1 hour . Observe for 30 minutes to 1 hour post infusion.			
Cycles 3 and onwards			
Trastuzumab 6 mg/kg = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes . Observe for 30 minutes post infusion.			
PERTuzumab 420 mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes . Observe for 30 minutes to 1 hour post infusion.			
Post-Chemotherapy Medications			
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
Cycle length: Repeat every 21 days. Continue until disease progression or unacceptable toxicity.			
Physician Name: _____		Signature: _____	
Pharmacy	Verified by: _____	Signature: _____	

Nursing	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
	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.

Trastuzumab Emtansine	Adjuvant Therapy for Breast Cancer using Trastuzumab Emtansine				
Wt:	Ht:	BSA:	BMI:	Cycle #	
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					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
Metoclopramide 10 to 20 mg PO prior to treatment					
Chemotherapy*					
Trastuzumab emtansine 3.6 mg/kg x _____ kg = _____ mg • Dose Modification: _____ mg/kg x _____ kg = _____ mg in 250 mL 0.9% NaCL IV over 1 h 30 min using a 0.2 micron in-line filter. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Observe for 1 hour 30 minutes 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-Chemotherapy Medications					
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V					
Cycle length: Repeat every 21 days for 14 cycles					
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 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 for Metastatic Colorectal Cancer ,Classic FOLFIRI				
Wt:	Ht:	BSA:	BMI:	Cycle #		
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date:		
				Time:		
				Location:		
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other						
Pre-Chemotherapy medications						
15 to 30 min prior to FOLFIRI treatment:						
<input type="checkbox"/> Ondansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 <input type="checkbox"/> Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 <input type="checkbox"/> ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1						
Chemotherapy						
IRINOTECAN 180 mg/m ² = _____ mg in 500 ml D5W for IV over 90 minutes every 1 Times on day1 (ref. 2-8 c) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 90 minutes. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 250 mL D5W for IV over 2 hours every 1 Times on day1 (ROOM TEMP.) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL D5W for IV over 2 hours Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately every 1 Times (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV Push Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, every 1 Times (ROOM TEMP.) following FLUOROURACIL bolus PFL						
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS every 1 Times on day 1 following FLUOROURACIL bolus PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Post-Chemotherapy Medications						
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V <input type="checkbox"/> Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours <input type="checkbox"/> QV Cream as needed for hand-foot syndrome						
Cycle length: Classic FOLFIRI = 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:

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-Bevacizumab		Therapy for Metastatic Colorectal Cancer FOLFIRI-Bevacizumab				
Wt:	Ht:	BSA:	BMI:	Cycle #		
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)		
Bilirubin:	ALT:	AST:	Creatinine:	Date:		
				Time:		
				Location:		
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other						
Pre-Chemotherapy medications						
15 to 30 min prior to FOLFIRI treatment:						
<input type="checkbox"/> Ondansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 <input type="checkbox"/> Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 <input type="checkbox"/> ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1						
Chemotherapy						
IRINOTECAN 180 mg/m ² = _____ mg in 500 ml D5W for IV over 90 minutes every 1 Times on day1 (ref. 2-8 c) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml D5W for IV infusion over 90 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____						
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 250 mL D5W for IV over 2 hours every 1 Times on day1 (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL D5W for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____						
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately every 1 Times (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV Push • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____						
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, every 1 Times (ROOM TEMP.) following FLUOROURACIL bolus PFL						
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS every 1 Times on day 1 following FLUOROURACIL bolus PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____						
BEVACIZUMAB, 5 mg/kg = _____ mg IV in 100 ml 0.9% NaCl on day 1 Infuse over 90 minutes for 1 st infusion, 60 minutes for 2 nd infusion and 30 minutes for subsequent cycles. • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____						
Post-Chemotherapy Medications						
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V <input type="checkbox"/> Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours <input type="checkbox"/> QV Cream as needed for hand-foot syndrome						

Cycle length: Classic FOLFIRI = 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:

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-Cetuximab	Therapy for Metastatic Colorectal Cancer Classic FOLFIRI-Cetuximab				
Wt:	Ht:	BSA:	BMI:	Cycle #	Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:			
Bilirubin:	ALT:	AST:	Creatinine:		
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
15 to 30 min prior to FOLFIRI treatment: <ul style="list-style-type: none"> ONDansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1 					
Chemotherapy					
IRINOTECAN 180 mg/m ² = _____ mg in 500 ml D5W for IV over 90 minutes every 1 Times on day1 (ref. 2-8 c) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 90 minutes. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 250 mL D5W for IV over 2 hours every 1 Times on day1 (ROOM TEMP.) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% D5W for IV over 2 hours Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately every 1 Times (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV Push Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, every 1 Times (ROOM TEMP.) following FLUOROURACIL bolus PFL					
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS every 1 Times on day 1 following FLUOROURACIL bolus PFL <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
CETUXIMAB, 500 mg/m ² = _____ mg IV over 2 hours on day 1 (infuse over 1 hour in subsequent cycles) <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> Metoclopramide 10 mg PO/IV q6h PRN N/V Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours QV Cream as needed for hand-foot syndrome 					

Cycle length: Classic FOLFIRI = 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:

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-Bevacizumab	Neo-adjuvant or Adjuvant Therapy for Metastatic Colorectal Cancer				
M-FOLFOX-6 with Bevacizumab					
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
15 to 30 min prior to FOLFOX treatment:					
<input type="checkbox"/> Ondansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1 <input type="checkbox"/> Dexamethasone 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1					
Chemotherapy					
OXALIPLATIN 85 mg/m ² = _____ mg in 500 ml D5W for IV over 2 hours on day1 (ROOM TEMP.) • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml D5W for IV infusion over 30 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours on day1 (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV Push • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, (ROOM TEMP.) following FLUOROURACIL bolus PFL					
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
BEVACIZUMAB, 5 mg/kg = _____ mg IV in 100 ml) 0.9% NaCl on day 1 Infuse over 90 minutes for 1 st infusion, 60 minutes for 2 nd infusion and 30 minutes for subsequent cycles. • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V					
Cycle length: MFFOLFOX-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 Cancer and Metastatic Colorectal Cancer				
M-FOLFOX-6					
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
15 to 30 min prior to FOLFOX treatment:					
<input type="checkbox"/> Ondansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 min before chemotherapy day 1 <input type="checkbox"/> Dexamethasone 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 min before chemotherapy day 1					
Chemotherapy					
OXALIPLATIN 85 mg/m ² = _____ mg in 500 ml 0.9% D5W for IV over 2 hours on day1 (ROOM TEMP.) • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml 0.9% NaCl for IV infusion over 30 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours on day1 (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV Push • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, (ROOM TEMP.) following FLUOROURACIL bolus PFL					
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V					
Cycle length: MFFOLFOX-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:

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-Cetuximab	Neo-adjuvant or Adjuvant Therapy for Metastatic Colorectal Cancer		
		M-FOLFOX-6-Cetuximab	
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
			Cycle # Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other			
Pre-Chemotherapy medications			
15 to 30 min prior to FOLFOX treatment:			
<input type="checkbox"/> Ondansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1 <input type="checkbox"/> Dexamethasone 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1			
Chemotherapy			
OXALIPLATIN 85 mg/m ² = _____ mg in 500 ml D5W for IV over 2 hours on day1 (ROOM TEMP.) • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml D5W for IV infusion over 30 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours on day1 (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 mL D5W for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
FLUOROURACIL, 5-FU 400 mg/m ² = _____ mg IV bolus immediately (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV Push • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
FLUOROURACIL, 5-FU 2400 mg/m ² = _____ mg in 1000 mL D5W for IV over 46 hours, (ROOM TEMP.) following FLUOROURACIL bolus PFL			
FLUOROURACIL, 5-FU 2400 mg/m² = _____ mg in 240 mL D5W, FOR PUMP USE ONLY 5ML / HR FOR 48 HRS • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
CETUXIMAB, 500 mg/m ² = _____ mg IV over 2 hours on day 1 (infuse over 1 hour in subsequent cycles) • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V			
Cycle length: MFFOLFOX-6 = repeat every 14 days			
Physician Name:			Signature:
Pharmacy	Verified by:		Signature:

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

Pembrolizumab	Adjuvant Therapy or Metastatic Colorectal Cancer with dMMR/MSI-H only				
Pembrolizumab					
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
Chemotherapy					
PEMBROLIZUMAB, 200 mg in 50 ml 0.9% NaCl IV infusion over 30 minutes via 0.22 micron in-line filter on day 1					
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ in 50 ml 0.9% NaCl IV infusion over 30 minutes via 0.22 micron in-line filter on day 1 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
Cycle length: Pembrolizumab = 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:

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	Metastatic Colorectal Cancer using Trifluridine/Tipiracil (TAS102)				
Wt:	Ht:	BSA:	BMI:	Cycle #	
ANC:	Platelets:	Hb:		Delay treatment _____	
Bilirubin:	ALT:	AST:	Creatinine:	week(s)	
				Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
-					
Chemotherapy					
TRIFLURIDINE/TIPIRACIL, 35 mg/m ² (based on Trifluridine component) = _____ mg (MAX per dose= 80 mg trifluridine) PO bid on days 1-5 and 8-12					
• Dose Modification: _____% = _____ mg/m ² = _____					
• Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
Metoclopramide, 10 mg PO/IV q 6 hours PRN					
Cycle length: Repeat every 28 days					
Physician Name:				Signature:	
Pharmacy	Verified by:			Signature:	
	Prepared by:			Signature:	
	Checked & dispensed by:			Signature:	
Nursing	Checked & received by:			Signature:	
	Administered by:			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)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
15 to 30 min prior to XELOX treatment:					
<ul style="list-style-type: none"> ○ Neutropitant-Palonsteron 300/0.5 mg Po ONCE before chemotherapy day 1 ○ Dexamethasone 8 mg Po ONCE before chemotherapy day 1 					
Chemotherapy					
OXALIPLATIN 130 mg/m ² = _____ mg in 500 ml D5W for IV infusion over 2 hours on day1 (ROOM TEMP.)					
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 2 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Capecitabine (XELOX) 1000 mg/m ² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14					
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ Metoclopramide 10 mg PO/IV q6h PRN N/V 					
Cycle length: XELOX = 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:

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- Bevacizumab	Neoadjuvant or Adjuvant Therapy for Metastatic Colorectal Cancer using Oxaliplatin, Capecitabine, AND Bevacizumab			
Wt:	Ht:	BSA:	BMI:	Cycle #
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
				Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other				
Pre-Chemotherapy medications				
15 to 30 min prior to XELOX treatment:				
<ul style="list-style-type: none"> Neutipitant-Palonsteron 300/0.5 mg Po ONCE before chemotherapy day 1 Dexamethasone 8 mg Po ONCE before chemotherapy day 1 				
Chemotherapy				
OXALIPLATIN 130 mg/m ² = _____ mg in 500 ml D5W for IV over 2 hours on day1 (ROOM TEMP.) <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 2 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Capecitabine (XELOX) 1000 mg/m ² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
BEVACIZUMAB, 7.5 mg/kg = _____ mg in 100 ml 0.9% NaCl IV infusion on day 1 Infuse over 90 minutes for 1 st infusion, 60 minutes for 2 nd infusion and 30 minutes for subsequent cycles. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV infusion Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V				
Cycle length: XELOOX = 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:

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

Patient information

XELIRI		Therapy for Metastatic Colorectal Cancer		
		XELIRI		
Wt:	Ht:	BSA:	BMI:	Cycle #
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
				Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other				
Pre-Chemotherapy medications				
15 to 30 min prior to Chemotherapy regimen treatment:				
<input type="checkbox"/> Ondansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 min before chemotherapy on Day 1 <input type="checkbox"/> Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 min before chemotherapy on Day 1 <input type="checkbox"/> ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1				
Chemotherapy				
Cycles:				
IRINOTECAN 180 mg/m ² = _____ mg in 500 ml D5W for IV infusion over 90 minutes on day 1 • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 ml D5W for IV infusion over 90 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Capecitabine 1000 mg/m ² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 • Dose Modification: _____ % = _____ mg/m ² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Post-Chemotherapy Medications				
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V <input type="checkbox"/> Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours <input type="checkbox"/> QV Cream as needed for hand-foot syndrome				
Cycle length: XELIRI = 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:

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-Bevacizumab		Therapy for Metastatic Colorectal Cancer		
		XELIRI-Bevacizumab		
Wt:	Ht:	BSA:	BMI:	Cycle #
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
				Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chemistry Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other				
Pre-Chemotherapy medications				
15 to 30 min prior to Chemotherapy regimen treatment: <ul style="list-style-type: none"> ○ Ondansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 ○ Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1 ○ ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1 				
Chemotherapy				
IRINOTECAN 180 mg/m ² = _____ mg in 500 ml D5W for IV over 90 minutes every 1 Times on day1 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 90 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Capecitabine 1000 mg/m ² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg orally TWICE a day within 30 minutes after the end of a meal from day 1-14 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
BEVACIZUMAB, 7.5 mg/kg = _____ mg IV in 100 ml) 0.9% NaCl on day 1 Infuse over 90 minutes for 1 st infusion, 60 minutes for 2 nd infusion and 30 minutes for subsequent cycles. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> ○ Metoclopramide 10 mg PO/IV q6h PRN N/V ○ Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours ○ QV Cream as needed for hand-foot syndrome 				
Cycle length: XELIRI = 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:

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		
ANC:	Platelets:	Hb:	Delay treatment _____			
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Creatinine:	Date:	
Baseline Echo (Date): __/__/__ EF%: Last Echo (Date): __/__/__ EF%:				Time:	Location:	
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule 30 to 60 min prior chemotherapy Olanzapine 5 mg PO 30 to 60 min prior chemotherapy Dexamethasone 12 mg PO/IV 30 to 60 min prior chemotherapy hydrocortisone 100 mg IV in 50 to 100 mL 0.9% NaCl over 15 to 30 minutes prior to bleomycin on days 1 and 15 						
Chemotherapy*						
DOXOrubicin 25 mg/m ² = _____ mg IV push day 1 and 15. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV push day 1 and 15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
vinBLASTine 6 mg/m ² = _____ mg in 50 mL 0.9% NaCl IV over 15 minutes day 1 and 15. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 15 minutes day 1 and 15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Bleomycin 10 units/m ² = _____ units in 50 mL 0.9% NaCl IV over 15 minutes day 1 and 15. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ units in _____ mL 0.9% NaCl IV over 15 minutes day 1 and 15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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. <ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Post-Chemotherapy Medications						
<ul style="list-style-type: none"> Olanzapine 5 mg PO daily Day 2 - 4 Dexamethasone 8 mg PO/IV Day 2 - 4 						
Cycle length: Repeat every 28 days 4 – 6 cycles						

*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:

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.

Patient information

Bendamustine + Brentuximab		Bendamustine + Brentuximab vedotin		
Wt:	Ht:	BSA:	BMI:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	HBsAg:	HBcoreAb: Creatinine:	
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Ondansetron 16 mg IV once 30 minutes prior to chemotherapy ○ Methylprednisolone 100 mg IV 60 minutes prior to brentuximab administration ○ Chlorphenamine 10 mg IV 60 minutes prior to brentuximab administration ○ Paracetamol 1 gm PO 30 minutes prior to chemotherapy on day 1 ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - ▪ Rasburicase 3 mg IV prior chemotherapy 				
Chemotherapy*				
Brentuximab vedotin 1.8 mg/kg = _____ mg in 150 ml 0.9% NaCl IV over 30 minutes day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in _____ ml 0.9% NaCl IV over 30 minutes day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Bendamustine 90 mg/m ² = _____ mg in 500 ml NaCl 0.9% IV over 60 minutes day 1 and 2. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml NaCl 0.9% IV over 60 minutes day 1 and 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 2 & 3 ○ Sulfamethoxazole/Trimethoprim DS. 1 tab 2 times per week. ○ Valacyclovir 500 mg PO Bid ○ Fluconazole 300 mg PO daily 				
Cycle length: Repeat every 21 days up to 6 cycles as a bridge to transplant unless 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:

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 + Rituximab		Bendamustine + Rituximab		
Wt:	Ht:	BSA:	BMI:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	
Creatinine:				
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Ondansetron 8 mg IV 15-30 minutes prior to chemotherapy ○ Dexamethasone 12 mg IV 15-30 minutes prior to chemotherapy ○ Chlorpheniramine maleate 10 mg IV once daily before bendamustine ○ 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. ○ Paracetamol 1000 mg PO prior rituximab 				
Chemotherapy*				
Cycle 1:				
Bendamustine 90 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 1 hour days 1 and 2.				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 1 hour days 1 and 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2.				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Cycle 2-6:				
Bendamustine 90 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 1 hour days 1 and 2.				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 1 hour days 1 and 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
riTUXimab 500 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2.				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours day 1 OR 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1600 mg (fixed dose in 13.4 mL) Subcutaneous over 7 minutes into abdominal wall day 1 OR 2. 				
Post Chemotherapy				

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

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

A+AVD	Brentuximab Vedotin, DOXOrubicin, vinBLASTine and Dacarbazine				
Wt:	Ht:	BSA:	BMI:	Cycle # of	Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:			
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:			
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy <input type="checkbox"/> Dexamethasone 12 mg PO/IV 15-30 minutes prior to chemotherapy					
Chemotherapy*					
DOXOrubicin 25 mg/m ² = _____ mg IV push day 1 and 15. • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV push day 1 and 15. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
vinBLASTine 6 mg/m ² = _____ mg in 50 mL 0.9% NaCl IV over 15 minutes day 1 and 15. • Dose Modification: _____ % = _____ mg/m ² = _____ mg in _____ mL 0.9% NaCl IV over 15 minutes day 1 and 15. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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. • Dose Modification: _____ % = _____ mg/m ² = _____ mg IV in _____ mL 0.9% NaCl or D5W over 1 to 2 hours day 1 and 15. <input type="checkbox"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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/m ² = _____ mg in _____ mL 0.9% NaCl IV over 30 minutes day 1 and 15. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Dexamethasone 8 mg PO days 2-4					
Cycle length: Repeat every 28 days x 6 cycles					

*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. 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.

CHOP		Doxorubicin, Cyclophosphamide, vincristine and prednisone			
Wt:	Ht:	BSA:	BMI:	Cycle # of	Delay treatment _____ week(s)
ANC:	Platelets:	Hb:		Date:	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Time:	
Baseline Echo (Date): __/__/__ EF%: Last Echo (Date): __/__/__ EF%:				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy Olanzapine 5 mg PO prior to chemotherapy Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - Rasburicase 3 mg IV prior chemotherapy 					
Chemotherapy*					
cyclophosphamide 750 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 20 min to 1 hour day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
DOXOrubicin 50 mg/m ² = _____ mg IV push day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV push day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
vinCRISTine 1.4 mg/m ² = _____ mg (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over 15 minutes day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 15 minutes day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Prednisolone 100 mg PO days 1-5					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> Olanzapine 5mg PO daily Day 2-4 Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC > 1.5 x10⁹cell /L for two consecutive days 					
Cycle length: Repeat every 21 days or when the neutrophil and platelet counts have recovered sufficiently to allow 100% dosing if that is determined sooner than every 21 days x 6 to 8 cycles based on indication					

*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. 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:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%: Last Echo (Date): __/__/__ EF%:			Cycle # of Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
<ul style="list-style-type: none"> ○ Ondansetron 8 mg PO 15-30 minutes prior to chemotherapy ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - ▪ Rasburicase 3 mg IV prior chemotherapy 			
Chemotherapy*			
cyclophosphamide $1000 \text{ mg/m}^2 = \text{_____} \text{ mg}$ in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ $\text{mg/m}^2 = \text{_____} \text{ mg}$ in _____ mL 0.9% NaCl IV over 20 min to 1 hour day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ vinCRISTine $1.4 \text{ mg/m}^2 = \text{_____} \text{ mg}$ (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over 15 minutes day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ $\text{mg/m}^2 = \text{_____} \text{ mg}$ IV in _____ mL 0.9% NaCl IV over 15 minutes day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Prednisolone 100 mg PO days 1-5			
Cycle length: Repeat every 21 or 28 days x 8 cycles			

*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:

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

*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. 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	Dexamethasone, CISplatin and Cytarabine				
Wt:	Ht:	BSA:	BMI:	Cycle # of	
ANC:	Platelets:	Hb:	LDH:	Delay treatment _____	
Bilirubin:	ALT:	Creatinine:		week(s)	
				Date:	
				Time:	
				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy ○ Netupitant 300 mg/palonosetron 500 microgram PO 1 hour prior to chemotherapy ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion ○ 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion. ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> • Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - • Rasburicase 3 mg IV prior chemotherapy 					
Chemotherapy*					
Dexamethasone 40 mg PO/IV infusion day 1 - 4.					
CISplatin 100 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV infusion over 24 hours day 1.					
<ul style="list-style-type: none"> ○ Dose Modification: _____% = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV infusion over 24 hours day 1. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Cytarabine 2000 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV infusion over 2 hours every 12 hours day 2.					
<ul style="list-style-type: none"> ○ Dose Modification: _____% = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 2 hours every 12 hours day 2. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ 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 5 – 7. ○ 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.					

*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. 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.

Patient information

ESHAP	Methylprednisolone, Etoposide, CISplatin and Cytarabine				
Wt:	Ht:	BSA:	BMI:	Cycle # of _____	
ANC:	Platelets:	Hb:	LDH:	Delay treatment _____ week(s)	
Bilirubin:	ALT:	Uric Acid:	Creatinine:	Date: _____	
				Time: _____	
				Location: _____	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Uric Acid <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule 30 to 60 min prior chemotherapy Olanzapine 5 mg PO 30 to 60 min prior chemotherapy Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 3 days after cytarabine infusion. 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion. Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - Rasburicase 3 mg IV prior chemotherapy. 					
Chemotherapy*					
Etoposide 40 mg/m ² = _____ mg in 500 ml 0.9% NaCl IV over 1 hour days 1-4. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 1 hour. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Methylprednisolone 500 mg in 100 ml 0.9% NaCl IV over 30 minutes days 1-5.					
CISplatin 25 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV over 24 hours days 1-4. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 24 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Cytarabine 2000 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV over 2 hours day 5. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 3 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> 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 5 - 7 Filgrastim 300 mcg SC from day 6 Continued until ANC > 1x10⁹/L for 2 consecutive days 					
Cycle length: repeat every 21 or 28 days for 3-6 cycles.					

*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. 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, Dexamethasone and CISplatin		
Wt:	Ht:	BSA:	BMI:	Cycle # of
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	Creatinine:		Date:
				Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Creatinine: <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<input type="radio"/> Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy <input type="radio"/> Olanzapine 5 mg PO prior to chemotherapy <input type="radio"/> 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion.				
Chemotherapy*				
Gemcitabine 1000 mg/m ² = _____ mg in 250 mL 0.9 NaCl IV over 30 minutes day 1 and 8. <input type="radio"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in _____ mL 0.9 NaCl IV over 30 minutes day 1 and 8. <input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
CISplatin 75 mg/m ² = _____ mg in 500 mL 0.9 NaCl IV over 1 hour day 1. <input type="radio"/> Dose Modification: _____ % = _____ mg/m ² = _____ mg in _____ mL 0.9 NaCl IV over 1 hour day 1. <input type="radio"/> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Dexamethasone 40 mg PO days 1 to 4				
Post-Chemotherapy Medications				
<input type="radio"/> 0.9% NaCl 500 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin infusion. <input type="radio"/> 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 Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered 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:	Ht:	BSA:	BMI:	Cycle # of _____		
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)
pH:						Date:
Bilirubin:	ALT:	AST:	Creatinine:			Time:
						Location:
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> 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. Ondansetron 8 mg PO/IV 30 minutes before methotrexate 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. 						
Chemotherapy*						
Methotrexate 1-12 gm/m ² = _____ mg in 1000 ml 0.9% NaCl IV over 4 hours. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 4 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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-Chemotherapy Medications						
<input type="checkbox"/> 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 Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

References:

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.

Nivolumab		Nivolumab for relapsed or refractory classical Hodgkin lymphoma				
Wt:	Ht:	BSA:	BMI:	Cycle # of		
ANC:	Platelets:	Hb:		Delay treatment _____		
Bilirubin:	ALT:	AST:	Creatinine:	week(s)		
LDH :	TSH :	Na :	K :	Date:		
				Time:		
				Location:		
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Creatinine: <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> ○ Diphenhydramine 50 mg IV 30 minutes prior to treatment ○ Acetaminophen 1000 mg PO 30 minutes prior to treatment ○ 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. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 30 minutes. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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 Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received 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 + Bendamustine + Rituximab		Polatuzumab, Bendamustine and Rituximab		
Wt:	Ht:	BSA:	BMI:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	
Creatinine:				
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Ondansetron 8 mg IV 15-30 minutes prior to chemotherapy ○ Dexamethasone 12 mg IV 15-30 minutes prior to chemotherapy day 2 and 3 ○ Diphenhydramine 50 mg IV over 15 minutes prior to riTUXimab and Polatuzumab ○ Paracetamol 1000 mg PO prior riTUXimab and Polatuzumab 				
Chemotherapy*				
<p>riTUXimab 375 mg/m² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 .</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1400 mg (fixed dose) Subcutaneous over 5 minutes into abdominal wall day 1. <p>polatuzumab vedotin 1.8 mg/kg = _____ mg in 250 ml 0.9% NaCl IV over 1 hour and 30 minutes day 2.</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 1 hour and 30 minutes day 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Bendamustine 90 mg/m² = _____ mg in 500 mL 0.9% NaCl IV over 1 hour days 2 and 3.</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 1 hour days 2 and 3. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post Chemotherapy				

- Dexamethasone 8 mg PO daily days 4 and 5
- Filgrastim 300 mcg SC daily for 5 days from day 7.
- Cotrimoxazole DS 1 tab PO 2 times each week
- 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

*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. 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 prednisone		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:
Creatinine:			
Baseline Echo (Date): __/__/__ EF%: ____		Last Echo (Date): __/__/__ EF%: ____	
Cycle # of Delay treatment _____ week(s)			
Date: _____			
Time: _____			
Location: _____			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy Olanzapine 5 mg PO prior to chemotherapy 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. Paracetamol 1000 mg PO prior rituximab Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. +/- Rasburicase 3 mg IV prior chemotherapy 			
Chemotherapy*			
cyclophosphamide 750 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 20 min to 1 hour day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
DOXOrubicin 50 mg/m ² = _____ mg IV push day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV push day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
vinCRISTine 1.4 mg/m ² = _____ mg (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over 15 minutes day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg IV in _____ 0.9% NaCl IV over 15 minutes day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Prednisolone 100 mg PO days 1-5			
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ If IV infusion tolerated, subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2. 			
Post-Chemotherapy Medications			

<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO daily Day 2-4 ○ Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC > 1.5 x10⁹cell /L for two consecutive days
Cycle length: Repeat every 21 days x 6 to 8 cycles based on indication

*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. 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	Rituximab, Cyclophosphamide, vincristine and prednisone					
Wt:	Ht:	BSA:	BMI:	Cycle # of		
ANC:	Platelets:	Hb:	Delay treatment _____			
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Creatinine:	Date:	
Baseline Echo (Date): __/__/__ EF%: _____				Last Echo (Date): __/__/__ EF%: _____		Time:
						Location:
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> ○ Ondansetron 8 mg PO 15-30 minutes prior to chemotherapy ○ 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. ○ Paracetamol 1000 mg PO prior rituximab ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - ▪ Rasburicase 3 mg IV prior chemotherapy 						
Chemotherapy*						
cyclophosphamide 1000 mg/m ² = _____ mg in 100 to 250 mL 0.9% NaCl IV over 20 min to 1 hour day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 20 min to 1 hour day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
vinCRISTine 1.4 mg/m ² = _____ mg (MAX= 2 mg) IV in 50 mL 0.9% NaCl IV over 15 minutes day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg IV in _____ mL 0.9% NaCl IV over 15 minutes day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Prednisolone 100 mg PO days 1-5						
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated, subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2. 						
Cycle length: Repeat every 21 or 28 days x 8 cycles						

*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. 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)
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Date:
Creatinine:				Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy ○ Netupitant 300 mg/palonosetron 500 microgram PO 1 hour prior to chemotherapy ○ 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. ○ Paracetamol 1000 mg PO prior rituximab ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion ○ 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion. ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> • Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - • Rasburicase 3 mg IV prior chemotherapy 				
Chemotherapy*				
<p>Dexamethasone 40 mg PO/IV infusion day 1 - 4.</p> <p>riTUXimab 375 mg/m² = _____ mg in 500 ml 0.9% NaCl IV infusion over 4 hours day 1.</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV infusion over 4 hours day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1400 mg (fixed dose) Subcutaneous over 5 minutes into abdominal wall day 1. <p>CISplatin 100 mg/m² = _____ mg in 1000 ml 0.9% NaCl IV infusion over 24 hours day 1.</p> <ul style="list-style-type: none"> ○ Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV infusion over 24 hours day 1. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Cytarabine 2000 mg/m² = _____ mg in 1000 ml 0.9% NaCl IV infusion over 2 hours every 12 hours day 2.</p> <ul style="list-style-type: none"> ○ Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 2 hours every 12 hours day 2. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				

<ul style="list-style-type: none"> ○ 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. ○ Filgrastim 300 mcg SC daily from day 6, Continued until ANC $>1 \times 10^9/L$ for 2 consecutive days
Cycle length: Repeated at 21 days for up to 6 cycles.

*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. 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, Methylprednisolone, Etoposide, CISplatin and Cytarabine					
Wt:	Ht:	BSA:	BMI:	Cycle # of Delay treatment _____ week(s)		
ANC:	Platelets:	Hb:	LDH:	Uric Acid:	Date:	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Time:		
Creatinine:					Location:	
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule 30 to 60 min prior chemotherapy Olanzapine 5 mg PO 30 to 60 min prior chemotherapy 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. Paracetamol 1000 mg PO prior rituximab Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 3 days after cytarabine infusion. 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion. Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. + / - Rasburicase 3 mg IV prior chemotherapy 						
Chemotherapy*						
Etoposide 40 mg/m ² = _____ mg in 500 ml 0.9% NaCl IV over 1 hour days 1-4. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 1 hour. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Methylprednisolone 500 mg in 100 ml 0.9% NaCl IV over 30 minutes days 1-5.						
CISplatin 25 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV over 24 hours days 1-4. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 24 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Cytarabine 2000 mg/m ² = _____ mg in 1000 ml 0.9% NaCl IV over 2 hours day 5. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl IV over 3 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours day 1 . Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> 1400 mg (fixed dose in 13.4 mL) Subcutaneous over 7 minutes into abdominal wall day 1 						
Post-Chemotherapy Medications						

- 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
- Filgrastim 300 mcg SC from day 6 Continued until ANC > $1 \times 10^9/L$ for 2 consecutive days

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

*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. 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.

Patient information

R-GDP	RiTUXimab, Gemcitabine, Dexamethasone and CISplatin				
Wt:	Ht:	BSA:	BMI:	Cycle # of	
ANC:	Platelets:	Hb:	Delay treatment _____ week(s)		Date:
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Creatinine:	Time:
					Location:
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy Olanzapine 5 mg PO prior to chemotherapy 0.9% NaCl 1000 ml IV over 1 hour pre cisplatin infusion. 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. Paracetamol 1000 mg PO prior rituximab 					
Chemotherapy*					
Gemcitabine 1000 mg/m ² = _____ mg in 250 mL 0.9 NaCl IV over 30 minutes day 1 and 8. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9 NaCl IV over 30 minutes day 1 and 8. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
CISplatin 75 mg/m ² = _____ mg in 500 mL 0.9 NaCl IV over 1 hour day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9 NaCl IV over 1 hour day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Dexamethasone 40 mg PO days 1 to 4					
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ If IV infusion tolerated, subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> 1400 mg Subcutaneous over 7 minutes into abdominal wall day 1 OR 2. 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> 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 Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:

Nursing	Checked & received by:	Signature:
	Administered 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.
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		Rituximab, Gemcitabine, and Oxaliplatin			
Wt:	Ht:	BSA:	BMI:	Cycle # of	
ANC:	Platelets:	Hb:		Delay treatment _____	
Bilirubin:	ALT:	HBsAg:	HBcoreAb:	Creatinine:	week(s)
					Date:
					Time:
					Location:
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ Ondansetron 8 mg PO 15-30 minutes prior to chemotherapy ○ Dexamethasone 12 mg PO/IV 15-30 minutes prior to chemotherapy day ○ 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. ○ Paracetamol 1000 mg PO prior rituximab 					
Chemotherapy*					
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ mL 0.9% NaCl IV over 4 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated, subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1. 					
Gemcitabine 1000 mg/m ² = _____ mg in 250 ml 0.9% NaCl over 1 hour 30 minutes day 2. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ in _____ ml 0.9% NaCl over 1 hour 30 minutes day 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Oxaliplatin 100 mg/m ² = _____ mg in 500 ml glucose 5% IV over 2 hours day 2. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ in 250 ml 0.9% NaCl over 2 hours day 2. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO days 3 and 4 					
Cycle length: Repeat every 14 days for 3 – 8 cycles.					

*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. 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, CARBOplatin, and Etoposide				
Wt:	Ht:	BSA:	BMI:			Cycle # of Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:	LDH:	Ca:		
Bilirubin:	ALT:	HBsAg:	HBcoreAb:			
Creatinine:						
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> HBsAg, HBcoreAb <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy ○ Netupitant 300 mg/palonosetron 500 microgram PO 1 hour prior to chemotherapy ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy ○ 0.9% NaCl 1000 ml IV over 1 hour pre ifosfamide infusion. ○ Diphenhydramine 50 mg IV over 15 minutes prior to riTUXimab and then q 4 h during the IV infusion, if the infusion exceeds 4 hours. ○ Paracetamol 1000 mg PO prior rituximab ○ Consider tumor lysis syndrome prophylaxis (depend on the risk): <ul style="list-style-type: none"> ▪ Allopurinol 300 mg PO daily 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. +/- ▪ Rasburicase 3 mg IV prior chemotherapy 						
Chemotherapy*						
Ifosfamide 1667 mg/m ² = _____ mg in 500 ml 0.9% NaCl over 2 hours on days 1,2and 3. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl over 2 hours on days 1,2,& 3. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Mesna 500 mg/m ² = _____ mg in 500 ml 0.9% NaCl over 2 hours at hour 0, 4, and 8 from ifosfamide infusion on days 1,2,& 3. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl over 2 hours on days 1,2,& 3. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
CARBOplatin 5 x (25 + CrCl) (maximum dose 800 mg) = _____ mg IV in 100 to 250 ml 0.9% NaCl over 1 hour on day 1. <ul style="list-style-type: none"> ○ Dose Modification: _____ % = _____ mg IV in _____ ml 0.9% NaCl over 1 hour on day 1. ○ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Etoposide 100 mg/m ² = _____ mg in 250 to 1000 ml in 0.9% NaCl over 45 minutes to 1 hour 30 minutes on days 1,2& 3. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml in 0.9% NaCl over 45 minutes to 1 hour 30 minutes on days 1,2and 3. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
riTUXimab 375 mg/m ² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2 OR 3. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mL 0.9% NaCl IV over 4 hours. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ • If IV infusion tolerated, subsequent doses can be given by subcutaneous administration. <ul style="list-style-type: none"> ○ 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2 OR 3. 						



Post-Chemotherapy Medications
<ul style="list-style-type: none">○ 0.9% NaCl 1000 ml IV over 1 hour post ifosfamide infusion.○ Olanzapine 5 mg PO daily on days 4.5, and 6○ Dexamethasone 8 mg PO daily on days 4.5, and 6○ 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.

*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 L1	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 1		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle #	of
		Delay treatment _____ week(s)	
		Date:	
		Time:	
		Location:	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other			
Pre-Chemotherapy medications			
30 to 60 min prior to treatment:			
<input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO/IV Day 1 <input type="checkbox"/> Granisetron 1mg IV once daily Day 4-6			
Rituximab premedication:			
<input type="checkbox"/> Paracetamol 1g PO 60minutes prior to riTUXimab infusion <input type="checkbox"/> Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion <input type="checkbox"/> Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion			
Chemotherapy*			
Cycles ____ of ____:			
riTUXimab 375mg/m ² = _____ 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			
<ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Etoposide 50 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4			
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Doxorubicin 10 mg/m ² = _____ mg in 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)			
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
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 style="list-style-type: none"> Dose Modification: _____% = _____ mg/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____
<p>Cyclophosphamide 750 mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.</p> <ul style="list-style-type: none"> Dose Modification: _____% = _____ mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____
<p>Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5</p> <ul style="list-style-type: none"> Dose Modification: _____% = _____ mg/m² = _____ mg Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____
<p>Post-Chemotherapy Medications</p> <ul style="list-style-type: none"> Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide Metoclopramide 10 mg PO/IV q6h PRN N/V Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x10⁹/L for two consecutive days then discontinue)
<p>Cycle length: administered every 21 days for up to 6 cycles or until disease progression or unacceptable toxicity develops.</p>

*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. 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 L-1	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level -1			
Wt:	Ht:	BSA:	BMI:	Cycle # of
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 to 60 min prior to treatment: <ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Dexamethasone 12 mg PO/IV Day 1 Granisetron 1mg IV once daily Day 4-6 Rituximab premedication: <ul style="list-style-type: none"> Paracetamol 1g PO 60minutes prior to riTUXimab infusion Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 				
Chemotherapy*				
Cycles ____ of ____:				
riTUXimab 375mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 1 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Etoposide 50 mg/m ² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Doxorubicin 10 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine) <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				

Vincristine 0.4 mg/m² = _____ 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/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 600 mg/m² = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ in 250ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- 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.

*For dose modification, refer to Cancer Drug references.

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

References:

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 L2	Rituximab-Etoposide-Vincristine-Doxorubicin- Cyclophosphamide Level 2		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # of _____
			Delay treatment _____ week(s)
			Date: _____
			Time: _____
			Location: _____
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to treatment:			
<input type="checkbox"/> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 <input type="checkbox"/> Dexamethasone 12 mg PO/IV Day 1 <input type="checkbox"/> Granisetron 1mg IV once daily Day 4-6			
Rituximab premedication:			
<input type="checkbox"/> Paracetamol 1g PO 60minutes prior to riTUXimab infusion <input type="checkbox"/> Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion <input type="checkbox"/> Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion			
Chemotherapy*			
Cycles ____ of ____:			
riTUXimab 375mg/m ² = _____ 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 Modification: _____ % = _____ mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Etoposide 60 mg/m ² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4			
• Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Doxorubicin 12 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)			
• Dose Modification: _____ % = _____ mg/m ² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			

Vincristine 0.4 mg/m² = _____ 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/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 900 mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250ml 0.9% NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- 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.

*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. 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 L-2	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level -2		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # of _____
			Delay treatment _____ week(s)
			Date: _____
			Time: _____
			Location: _____
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to treatment:			
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Dexamethasone 12 mg PO/IV Day 1 Granisetron 1mg IV once daily Day 4-6 			
Rituximab premedication:			
<ul style="list-style-type: none"> Paracetamol 1g PO 60minutes prior to riTUXimab infusion Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 			
Chemotherapy*			
Cycles ____ of ____:			
riTUXimab 375mg/m ² = _____ 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			
<ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Etoposide 50 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4			
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Doxorubicin 10 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)			
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			

Vincristine 0.4 mg/m² = _____ 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/m² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 480 mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6am and 12noon Day 1-5)

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- 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.

*For dose modification, refer to Cancer Drug references.

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

References:

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 L3	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 3			
Wt:	Ht:	BSA:	BMI:	Cycle # of
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 to 60 min prior to treatment:				
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Dexamethasone 12 mg PO/IV Day 1 Granisetron 1mg IV once daily Day 4-6 				
Rituximab premedication:				
<ul style="list-style-type: none"> Paracetamol 1g PO 60minutes prior to riTUXimab infusion Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 				
Chemotherapy*				
Cycles ____ of ____:				
riTUXimab 375mg/m ² = _____ 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				
<ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Etoposide 72 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Doxorubicin 14.4 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				

Vincristine 0.4 mg/m² = _____ 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/m² = _____ 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/m² = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6am and 12noon Day 1-5)

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- 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.

*For dose modification, refer to Cancer Drug references.

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

References:

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 L4	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 4			
Wt:	Ht:	BSA:	BMI:	Cycle # of
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other				
Pre-Chemotherapy medications				
30 to 60 min prior to treatment: <ul style="list-style-type: none"> ○ Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 ○ Dexamethasone 12 mg PO/IV Day 1 ○ Granisetron 1mg IV once daily Day 4-6 Rituximab premedication: <ul style="list-style-type: none"> ○ Paracetamol 1g PO 60minutes prior to riTUXimab infusion ○ Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion ○ Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 				
Chemotherapy*				
Cycles ____ of ____:				
riTUXimab 375mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 1				
<ul style="list-style-type: none"> • 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Etoposide 86.4 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Doxorubicin 17.3 mg/m ² = _____ mg in 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)				
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				

Vincristine 0.4 mg/m² = _____ mg (MAX= 2 mg) in 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4.
(in the same bag with Doxorubicin)

- Dose Modification: _____ % = _____ mg/m² = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 1296 mg/m² = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6am and 12noon Day 1-5)

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- 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.

*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. 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 L5	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 5		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # of _____ Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
30 to 60 min prior to treatment:			
<ul style="list-style-type: none"> ○ Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 ○ Dexamethasone 12 mg PO/IV Day 1 ○ Granisetron 1mg IV once daily Day 4-6 			
Rituximab premedication:			
<ul style="list-style-type: none"> ○ Paracetamol 1g PO 60minutes prior to riTUXimab infusion ○ Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion ○ Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 			
Chemotherapy*			
Cycles ____ of ____:			
riTUXimab 375mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 1			
<ul style="list-style-type: none"> • 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Etoposide 103.7 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4			
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Doxorubicin 20.7 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)			
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			

Vincristine 0.4 mg/m² = _____ 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/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 1555 mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x10⁹/L for two consecutive days then discontinue)
- 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.

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: _____

References:

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 L6	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 6			
Wt:	Ht:	BSA:	BMI:	Cycle # of
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 to 60 min prior to treatment:				
<ul style="list-style-type: none"> Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 Dexamethasone 12 mg PO/IV Day 1 Granisetron 1mg IV once daily Day 4-6 				
Rituximab premedication:				
<ul style="list-style-type: none"> Paracetamol 1g PO 60minutes prior to riTUXimab infusion Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion 				
Chemotherapy*				
Cycles ____ of ____:				
riTUXimab 375mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 1				
<ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Etoposide 124.4 mg/m ² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Doxorubicin 24.7 mg/m ² = _____ mg in 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4. (in the same bag with Vincristine)				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				

Vincristine 0.4 mg/m² = _____ 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/m² = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cyclophosphamide 1866 mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Prednisolone 60 mg/m² = _____ mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5

- Dose Modification: _____ % = _____ mg/m² = _____ 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
- Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x10⁹/L for two consecutive days then discontinue)
- 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.

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:

References:

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:	Platelets:	Hb:		(Low Risk Disease: Patients receive three cycles of R-CODOX-M;	
Bilirubin:	ALT:	AST:		High Risk Disease: treated with four cycles of chemotherapy consisting of alternating R-CODOX-M and R-IVAC)	
Creatinine:				Delay treatment _____ week(s)	
Baseline Echo (Date): __/__/__ EF%:			Last Echo (Date): __/__/__		
EF%:			Date:		
			Time:		
			Location:		
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____					
Pre-Chemotherapy medications					
<p>30 to 60 min prior to treatment:</p> <ul style="list-style-type: none"> ○ Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 ○ Dexamethasone 12 mg PO/IV Day 1 ○ Granisetron 1mg IV once daily Day 4-7 <p>Rituximab premedication:</p> <ul style="list-style-type: none"> ○ Paracetamol 1g PO 60minutes prior to riTUXimab infusion ○ Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion ○ Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion <p>HDMTX:</p> <ul style="list-style-type: none"> ○ 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. ○ Ondansetron 8 mg PO/IV 30 minutes before methotrexate ○ Prochlorperazine 10 mg PO after methotrexate infusion completed and then 10 mg PO q4h PRN ○ IV D5W with potassium chloride 20 mEq/L and sodium bicarbonate 150 mEq/L at 125 mL/h for at least 4 hours prior to methotrexate until urine pH is greater than 7. ○ Hydration, alkalinisation and folinic acid therapy required with high dose methotrexate 					

<p>Chemotherapy*</p> <p>Cycles ____ of ____:</p> <p>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</p> <ul style="list-style-type: none"> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Cyclophosphamide 800 mg/m² = _____ mg in 100-250 mL 0.9% NaCl IV infusion over 30 to 60 min.</p> <p>Day1</p> <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100-250 mL 0.9% NaCl IV infusion over 30 to 60 min. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Doxorubicin 40 mg/m² = _____ mg for IV Bolus over 2-15min.</p> <p>Day1</p> <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg for IV Bolus over 2-15min. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Vincristine 1.5 mg/m² = _____ mg (MAX= 2 mg) in 50 ml 0.9% NaCl IV infusion over 15min.</p> <p>Day1 and Day 8</p> <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50ml 0.9% NaCl IV infusion over 15min. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Cyclophosphamide 200 mg/m² = _____ mg in for IV Bolus over 5-15 min.</p> <p>Day2-5</p> <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg for IV Bolus over 5-15min Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Methotrexate 3 gm/m² = _____ mg in 1000 ml 0.9% NaCl IV infusion over 24 hours.</p> <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in in 1000 ml 0.9% NaCl IV infusion over 24 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>Leucovorin 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).</p> <p>Administer initial doses, then, administer according to folinic acid rescue MTX level</p> <p>Post-Chemotherapy Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dexamethasone 8 mg PO/IV daily Day 4-5 <input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN N/V <input type="checkbox"/> Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x10⁹/L for two consecutive days then discontinue) <p>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)</p>
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*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:

References:

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	Rituximab-Ifosfamide-MESNA-Etoposide-Cytarabine Treatment of Burkitt Lymphoma			
Wt:	Ht:	BSA:	BMI:	Cycle # of (High Risk Disease: for 4 cycles (2 cycles of R-CODOXM and 2 cycles of R-IVAC are administered in total) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__		
EF%:				
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
30 to 60 min prior to treatment: <ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO/IV Day 1-5 ○ Granisetron 1mg IV once daily Day 1-7 ○ 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) Rituximab premedication: <ul style="list-style-type: none"> ○ Paracetamol 1g PO 60minutes prior to riTUXimab infusion ○ Chlorphenamine 10mg IV bolus 60minutes prior to riTUXimab infusion ○ Hydrocortisone 100mg IV bolus 60 minutes prior to riTUXimab infusion ○ Hydration therapy required for safe administration of ifosfamide 				
Chemotherapy*				
Cycles ____ of ____: riTUXimab 375mg/m ² = _____ mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 0 <ul style="list-style-type: none"> • 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Etoposide 60 mg/m ² = _____ mg in 500 ml 0.9% NaCl for IV infusion over 1 hour on Day 1-5 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 ml 0.9% NaCl for IV infusion over 1 hour • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ MESNA 800 mg/m ² = _____ mg IV Bolus over 10-15 minutes before start of Ifosfamide infusion on Day 1-5				



- Dose Modification: _____% = _____ mg/m² = _____ mg IV Bolus over 10-15minutes before start of Ifosfamide infusion over 10-15minutes.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Ifosfamide 1500 mg/m² = _____ mg in 1000 ml 0.9% NaCl for IV infusion over 2 hours on Day 1-5 .

- Dose Modification: _____% = _____ mg/m² = _____ mg in 1000ml 0.9% NaCl for IV infusion over 2 hours.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

MESNA 800 mg/m² = _____ mg IV Bolus over 10-15 minutes 4 hours after start of Ifosfamide infusion on Day 1-5 .

- Dose Modification: _____% = _____ mg/m² = _____ mg IV Bolus over 10-15minutes 4 hours after start of Ifosfamide infusion over 10-15 minutes.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

MESNA 800 mg/m² = _____ mg IV Bolus over 10-15 minutes 8 hours after start of Ifosfamide infusion on Day 1-5 .

- Dose Modification: _____% = _____ mg/m² = _____ mg IV Bolus over 10-15 minutes 8 hours after start of Ifosfamide infusion over 10-15minutes.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cytarabine 2000 mg/m² = _____ mg in 500ml 0.9% NaCl IV infusion over 3 hours TWICE daily on Days 1-2.
Day1 and Day8

- Dose Modification: _____% = _____ mg/m² = _____ mg in 50ml 0.9% NaCl IV infusion over 15min.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____
- There should be a 12 hour interval between cytarabine doses

Post-Chemotherapy Medications

- 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)
- Hydration therapy required for safe administration of ifosfamide Metoclopramide 10 mg PO/IV q6h PRN N/V
- Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x10⁹/L for two consecutive days then discontinue)

Cycle length: R-IVAC: can be repeated every 21 days for 4 cycles alternating with R-CODOX-M (high risk)

*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:

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.

Patient information

Bortizomib		Bortizomib Maintenance				
Wt:	Ht:	BSA:	BMI:	Cycle # of 4		
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)
pH:						Date:
Bilirubin:	ALT:	AST:	Creatinine:			Time:
						Location:
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
Chemotherapy*						
Bortizomib 1.3 mg/m ² = _____ mg SC on Day 1. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg SC on Day 1 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Post-Chemotherapy Medications						
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting <input type="checkbox"/> Valacyclovir 500mg PO BID						
Cycle length: If well tolerated, may be repeated every 14 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:

References:

- Neben K, Lokhorst HM et al. Administration of bortezomib before and after autologous stem cell transplantation improves outcome in multiple myeloma patients with deletion 17p. Blood 2012;119(4):940-8.
- 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:	Ht:	BSA:	BMI:			Cycle # of 8
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)
pH:						Date:
Bilirubin:	ALT:	AST:	Creatinine:			Time:
						Location:
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<ul style="list-style-type: none"> Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15 Normal Saline 500 mL over 30 minutes prior to carfilzomib. Assess of more hydration is needed post carfilzomib 						
Chemotherapy*						
Cycle 1: Carfilzomib 20 mg/m ² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Carfilzomib 56 mg/m ² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Lenalidomide 25 mg once daily PO on Day 1-21. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg once daily PO on Day 1-21 . Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Dexamethasone 40 mg PO once daily on Day 1,8,15,22. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg PO once daily on Day 1,8,15,22. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Cycle 2-9: Carfilzomib 56mg/m ² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Lenalidomide 25mg once daily PO on Day 1-21. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg once daily PO on Day 1-21 . Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						



Dexamethasone 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/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV 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: _____

Dexamethasone 40 mg PO once daily on Day 1,8,15.

- Dose Modification: _____ % = _____ mg PO once daily on Day 1,8,15.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Cycle 13 onward:

Carfilzomib 56 mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 15

- Dose Modification: _____ % = _____ mg/m² = _____ 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.

- Dose Modification: _____ % = _____ mg PO once daily on Day 1,8,15.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Post-Chemotherapy Medications

- Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
- Omeprazole 20 mg PO daily
- Valacyclovir 500 mg PO BID
- Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)
- 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:

References:

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
4. Moreau et al. Once weekly versus twice weekly carfilzomib dosing in patients with relapsed and refractory multiple myeloma (A.R.R.O.W.): interim analysis results of a randomised, phase 3 study. Lancet Oncol 2018;19: 953–64 5. Richez V, Gruchet C, Guidez S et al. Carfilzomib weekly 20/56mg/m2, lenalidomide and dexamethasone for early relapsed refractory multiple myeloma. Am J Hematol 2019;94(1): E17-E20.

CRD	Cyclophosphamide-Lenalidomide-Dexamethasone						
Wt:	Ht:	BSA:	BMI:			Cycle # of	
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____	
pH:						week(s)	
Bilirubin:	ALT:	AST:	Creatinine:			Date:	
						Time:	
						Location:	
Diagnosis:							
Pre-chemotherapy Checklist							
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____							
Pre-Chemotherapy medications							
<input type="checkbox"/> Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____							
Cyclophosphamide 500 mg = _____ mg PO on Day 1,8. • Dose Modification: _____ % = _____ mg PO on Day 1,8. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____							
Dexamethasone 40 mg PO once daily on Day 1,8,15,22. • Dose Modification: _____ % = _____ mg PO on Day 1,8,15,22. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____							
Post-Chemotherapy Medications							
<input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN nausea/vomiting <input type="checkbox"/> Omeprazole 20 mg PO daily <input type="checkbox"/> Fluconazole 300 mg PO daily <input type="checkbox"/> Valacyclovir 500 mg PO BID <input type="checkbox"/> Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)							
Cycle length: If well tolerated, may be repeated 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:

CVD	Cyclophosphamide-Bortizomib-Dexamethasone						
Wt:	Ht:	BSA:	BMI:			Cycle # of 4	
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)	
pH:						Date:	
Bilirubin:	ALT:	AST:	Creatinine:			Time:	
						Location:	
Diagnosis:							
Pre-chemotherapy Checklist							
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____							
Pre-Chemotherapy medications							
<input type="checkbox"/> Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,4,8,11							
Chemotherapy*							
Bortizomib 1.3 mg/m ² = _____ mg SC on Day 1,4,8,11. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg SC on Day 1,4,8,11. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Cyclophosphamide 300 mg/m ² = _____ mg PO on Day 1,8,15. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg PO on Day 1,8,15. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Dexamethasone 40 mg PO once daily on Day 1,4,8,11. <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg PO once daily on Day 1,4,8,11 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Post-Chemotherapy Medications							
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting <input type="checkbox"/> Omeprazole 20 mg PO daily <input type="checkbox"/> Valacyclovir 500 mg PO BID <input type="checkbox"/> Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)							
Cycle length: If well tolerated, may be repeated 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:

References:

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		Dratumumab - Bortizomib- Dexamethasone					
Wt:	Ht:	BSA:	BMI:	Cycle # of 8			
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____	
pH:						week(s)	
Bilirubin:	ALT:	AST:	Creatinine:			Date:	
						Time:	
						Location:	
Diagnosis:							
Pre-chemotherapy Checklist							
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____							
Pre-Chemotherapy medications							
<input type="checkbox"/> Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15 Pre medication before Daratumumab: <ul style="list-style-type: none"> • Paracetamol 1000 mg PO 60 minutes prior to start of infusion • Diphenhydramine 50 mg IV 60 minutes prior to daratumumab • Prednisone 20 mg PO on days 2, 8, and 15 (only if dexamethasone is not given) 							
Chemotherapy*							
Cycle 1-3:							
Bortizomib 1.3 mg/m ² = _____ mg SC on Day 1,4,8,11. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg SC on Day 1,4, 8,11. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Dexamethasone 20 mg IV once daily on Day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg IV once daily on Day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Dexamethasone 20 mg PO once daily on Day 2,4,5,8,9,11,12. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg PO once daily on Day 2,4,5,8,9,11,12. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Daratumumab 16 mg/kg = _____ mg in 1000 ml 0.9% NaCl (please refer to infusion instruction below) on day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Daratumumab 16 mg/kg = _____ mg in _____ 0.9% NaCl (please refer to infusion instruction below) on day 8 and 15. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in 1000 ml 0.9% NaCl (please refer to infusion instruction below) on day 8 and 15. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							

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.

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:

Bortezomib $1.3 \text{ mg/m}^2 = \underline{\hspace{2cm}} \text{ mg}$ SC on Day 1,4,8,11.

- Dose Modification: $\underline{\hspace{2cm}}\% = \underline{\hspace{2cm}} \text{ mg/m}^2 = \underline{\hspace{2cm}} \text{ mg}$ SC on Day 1,4, 8,11.
- 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: $\underline{\hspace{2cm}}\% = \underline{\hspace{2cm}} \text{ mg/m}^2 = \underline{\hspace{2cm}} \text{ mg}$ PO once daily on Day 1,2,4,5,8,9,11,12.
- Reason for dose modification: ☐ Hematology: ☐ Other Toxicity:

Daratumumab $16 \text{ mg/kg} = \underline{\hspace{2cm}} \text{ mg}$ in 0.9% NaCl (please refer to infusion instruction below) on day 1.

- Dose Modification: $\underline{\hspace{2cm}}\% = \underline{\hspace{2cm}} \text{ mg/kg} = \underline{\hspace{2cm}} \text{ mg}$ in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1.
- Reason for dose modification: ☐ Hematology: ☐ Other Toxicity:

Post-Chemotherapy Medications

- ☐ Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
- ☐ Omeprazole 20 mg PO daily
- ☐ Valacyclovir 500 mg PO BID
- ☐ Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)

Cycle length: Every 21 days

*For dose modification, refer to Cancer Drug references.

Physician Name:	Signature:
Pharmacy	Signature:
Verified by:	Signature:
Prepared by:	Signature:
Checked & dispensed by:	Signature:
Nursing	Signature:
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	Daratumumab-Carfilzomib-Dexamethasone						
Wt:	Ht:	BSA:	BMI:			Cycle # of 8	
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)	
pH:						Date:	
Bilirubin:	ALT:	AST:	Creatinine:			Time:	
						Location:	
Diagnosis:							
Pre-chemotherapy Checklist							
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____							
Pre-Chemotherapy medications							
○ Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15 Pre medication before Daratumumab: <ul style="list-style-type: none"> • Paracetamol 1000 mg PO 60 minutes prior to start of infusion • Diphenhydramine 50 mg IV 60 minutes prior to daratumumab • Prednisone 20 mg PO on days 2, 8, and 15 (only if dexamethasone is not given) 							
Chemotherapy*							
Cycle 1: Carfilzomib 20 mg/m ² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Carfilzomib 70 mg/m ² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Dexamethasone 40 mg IV once daily on Day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg IV once daily on Day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Dexamethasone 40 mg IV/PO once daily on Day 4,8,15,22. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg IV/PO once daily on Day 4,8,15,22. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Daratumumab 16 mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1. • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 							
Daratumumab 16mg/kg = _____ mg in _____ 0.9% NaCl (please refer to infusion instruction below) on day 8, 15, 22. <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 8, 15, 22. 							

- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

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.

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 proteinbinding filter.

Cycles 2:

Carfilzomib 70 mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Dexamethasone 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: _____

Daratumumab 16 mg/kg = _____ mg in _____ 0.9% NaCl (please refer to infusion instruction below) on day 1,8,15,22.

- 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 3-6:

Carfilzomib 70 mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15

- Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15.
- Reason for dose modification: ☐ Hematology: _____ ☐ Other Toxicity: _____

Dexamethasone 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: _____

Daratumumab 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.

<ul style="list-style-type: none"> Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____
Post-Chemotherapy Medications
<ul style="list-style-type: none"> Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting Omeprazole 20 mg PO daily Valacyclovir 500 mg PO BID Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)
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:

Patient information

PD	Pomalidomide-Dexamethasone					
Wt:	Ht:	BSA:	BMI:	Cycle # of 8		
ANC:	Platelets:	Hb:	Na:	K:	Urine	Delay treatment _____ week(s)
pH:						Date:
Bilirubin:	ALT:	AST:	Creatinine:			Time:
						Location:
Diagnosis:						
Pre-chemotherapy Checklist						
<input type="checkbox"/> CBC & diff <input type="checkbox"/> Platelets <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other _____						
Pre-Chemotherapy medications						
<input type="checkbox"/> Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15						
Chemotherapy*						
Pomalidomide 4 mg once daily PO on Day 1-21. <ul style="list-style-type: none"> Dose Modification: _____% = _____ mg/m² = _____ mg once daily PO on Day 1-21 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Dexamethasone 40 mg PO once daily on Day 1,8,15,22. <ul style="list-style-type: none"> Dose Modification: _____% = _____ mg/m² = _____ mg PO once daily on Day 1,8,15,22. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 						
Post-Chemotherapy Medications						
<input type="checkbox"/> Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting <input type="checkbox"/> Omeprazole 20mg PO daily <input type="checkbox"/> Valacyclovir 500mg PO BID <input type="checkbox"/> Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed) <input type="checkbox"/> Aspirin 81-100mg PO daily						
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:

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 Retinoic Acid (ATRA) and Arsenic Trioxide induction				
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					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ For patients with WBC > 10,000/uL and < 50,000/uL after the start of therapy: <ul style="list-style-type: none"> ○ Give <u>Hydroxyurea</u> 500 mg PO QID, until WBC is < 10,000/UI ○ For patients with WBC > 50,000/uL after the start of therapy: <ul style="list-style-type: none"> ○ give Hydroxyurea 1000 mg PO QID, given until WBC is < 10,000/UI ○ Consider Differentiation syndrome prophylaxis: <ul style="list-style-type: none"> ○ Prednisolone 0.5mg/kg= _____ mg PO daily ○ 0.9% NaCl intravenous Solution 1000 mL _____ mmol of potassium chloride and _____ mmol of magnesium sulphate at _____ mL/hour ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 					
Chemotherapy*					
<p>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</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <p>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</p> <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/kg = _____ mg in _____ mL 0.9% NaCl intravenous infusion over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					

<ul style="list-style-type: none"> ○ Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. ○ Pantoprazole 20 mg PO daily ○ 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

*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-Ida	All-Trans Retinoic Acid (ATRA), Idarubicin and Arsenic Trioxide induction			
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
Give 30-60 minutes prior to chemotherapy on day 2-8 <input type="checkbox"/> Ondansetron 16 mg IV once <input type="checkbox"/> Dexamethasone 12mg IV once 30 minutes prior to chemotherapy on day 2,4, 6 and 8 Give hydroxyurea in case of: <input type="checkbox"/> For patients with WBC > 10,000/uL and < 50,000/uL after the start of therapy: <input type="checkbox"/> Give Hydroxyurea 500 mg PO QID, until WBC is < 10,000/UI <input type="checkbox"/> For patients with WBC > 50,000/uL after the start of therapy: <input type="checkbox"/> give Hydroxyurea 1000 mg PO QID, given until WBC is < 10,000/UI <input type="checkbox"/> Consider Differentiation syndrome prophylaxis: <input type="checkbox"/> Prednisolone 0.5 mg/kg= _____ mg PO daily <input type="checkbox"/> 0.9% NaCl intravenous Solution 1000 mL _____ mmol of potassium chloride and _____ mmol of magnesium sulphate at _____ mL/hour <input type="checkbox"/> Consider tumor lysis syndrome prophylaxis: <input type="checkbox"/> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.				
Chemotherapy*				
Idarubicin 12 mg/m ² = _____ mg intravenous push over 5 minutes on days 2, 4, 6 and 8 • Dose Modification: _____ % = _____ mg/m ² = _____ mg intravenous push over 5 minutes on days 2, 4, 6 and 8 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Tretinoin 45 mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM for 36 days • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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 mL 0.9% NaCl intravenous infusion over 2 hours daily on days 9-36 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____				
Post-Chemotherapy Medications				

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

Cycle length: 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:

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.

Patient information

ATRA-ATO	All-Trans Retinoic Acid (ATRA) and Arsenic Trioxide Consolidation 1 (High risk APL)		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
		Cycle # of 4 Delay treatment _____ week(s) Date: _____ Time: _____ Location: _____	
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
<input type="checkbox"/> 0.9% NaCl intravenous Solution 1000 mL + _____ mmol of potassium chloride and _____ mmol of magnesium sulphate at _____ mL/hour			
Chemotherapy*			
Tretinoin 45 mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM for 28 days • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Arsenic Trioxide 0.15 mg/kg = _____ mg in 250 mL 0.9% NaCl intravenous infusion daily for 28 days • Dose Modification: _____ % = _____ mg/kg = _____ mg in 250 mL 0.9% NaCl intravenous infusion daily 28 days • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> 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:
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	All-Trans Retinoic Acid (ATRA) and Arsenic Trioxide Consolidation 2 (High risk APL)		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
			Cycle # of Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____			
Pre-Chemotherapy medications			
<input type="checkbox"/> 0.9% NaCl intravenous Solution 1000 mL + _____ mmol of potassium chloride and _____ mmol of magnesium sulphate at _____ mL/hour			
Chemotherapy*			
Tretinoin 45 mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM for days 1-7, 15-21, 29-35 • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
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 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____			
Post-Chemotherapy Medications			
<input type="checkbox"/> Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.			
Cycle length: 36 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:

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 Consolidation	
Wt:	Ht:	BSA: BMI:
ANC:	Platelets:	Hb:
Bilirubin:	ALT:	AST: Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:
		Cycle # of 4 Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:		
Pre-chemotherapy Checklist		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
<input type="checkbox"/> 0.9% NaCl intravenous Solution 1000 mL + _____ mmol of potassium chloride and _____ mmol of magnesium sulphate at _____ mL/hour		
Chemotherapy*		
Tretinoin 45 mg/m ² = _____ 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/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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 Weeks 1 to 4, Weeks 9 to 12, Weeks 17 to 20, and Weeks 25 to 28 • Dose Modification: _____ % = _____ mg/kg = _____ in _____ mL 0.9% NaCl intravenous infusion over 2 hours • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Post-Chemotherapy Medications		
<input type="checkbox"/> Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. <input type="checkbox"/> Pantoprazole 20 mg PO daily <input type="checkbox"/> Initiate Dexamethasone 10mg every 12 hours for at least 3 days at the earliest manifestations of suspected differentiation syndrome		
Cycle length: -		

*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), Mercaptopurine and Methotrexate	All-Trans Retinoic Acid (ATRA), Mercaptopurine and Methotrexate Maintenance (High risk APL)	
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # _____ of 8	
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		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Daily ECG <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Daily Weight <input type="checkbox"/> Throughout treatment, maintain K level > 4.0 mmol/L, Mg level 0.9 mmol/L <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
Chemotherapy*		
Tretinoin 45 mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM for 14 days • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO in 2 divided doses: _____ AM _____ PM • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Methotrexate 10 mg/m ² = _____ mg PO once weekly on days 15, 22, 29, 36, 43, 50, 57, 64, 71, 78, 85 • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO weekly • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Mercaptopurine 75 mg/m ² = _____ mg PO once daily on days 15 – 90 • Dose Modification: _____ % = _____ mg/m ² = _____ mg PO once daily • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Post-Chemotherapy Medications		
<input type="checkbox"/> Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. <input type="checkbox"/> Metoclopramide 10 mg PO q6hr PRN for Nausea/Vomiting		
Cycle length: 90 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: _____

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

Patient information

Cladribine	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-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
Chemotherapy*					
Cladribine 0.12 mg/kg = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5 • Dose Modification: _____ % = _____ mg/m ² = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Post-Chemotherapy Medications					
<input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN nausea/vomiting <input type="checkbox"/> Sulfamethoxazole/Trimethoprim double strength 1 tablet PO 3 times weekly.					
Cycle length:					

*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. 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 Cladribine and Rituximab		
Wt:	Ht:	BSA:	BMI:
ANC:	Platelets:	Hb:	
Bilirubin:	ALT:	AST:	Creatinine:
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:	
Cycle #		of 1 (Continues)	
Delay treatment		_____ week(s)	
Date:			
Time:			
Location:			
Diagnosis:			
Pre-chemotherapy Checklist			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____			
Pre-Chemotherapy medications			
<ul style="list-style-type: none"> Paracetamol 500 mg PO 30 minutes prior to start of Rituximab infusion Diphenhydramine 50 mg IV 30 minutes prior to start of Rituximab infusion Hydrocortisone 100 mg IV 30 minutes prior to start of Rituximab infusion 			
Chemotherapy*			
Rituximab $375 \text{ mg/m}^2 =$ _____ mg in 0.9% NaCl to final concentration 1mg/ml intravenous infusion weekly for 8 weeks <ul style="list-style-type: none"> 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 $0.15 \text{ mg/kg} =$ _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ $\text{mg/m}^2 =$ _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Post-Chemotherapy Medications			
<ul style="list-style-type: none"> Metoclopramide 10 mg PO q6h PRN nausea/vomiting Sulfamethoxazole/Trimethoprim double strength 1 tablet PO 3 times weekly 			
Cycle length:			

*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:

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	Fludarabine and Cytarabine				
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues)	
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)	
Bilirubin:	ALT:	AST:	Creatinine:	Date:	
Baseline Echo (Date): ____/____/____ EF%: ____				Time:	
Last Echo (Date): ____/____/____ EF%: ____				Location:	
Diagnosis:					
Pre-chemotherapy Checklist					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-5 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-5 ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 					
Chemotherapy*					
Fludarabine 30 mg/m ² = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5 , 4 hours pre cytarabine infusion. <ul style="list-style-type: none"> • 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Cytarabine 2000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 5 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg intravenous infusion over 3 hours on days 1 to 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 6 & 7. ○ Metoclopramide 10 mg PO q6 hours PRN nausea/vomiting. ○ Consider Filgrastim 300 microgram subcutaneous daily from day 6. ○ 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. ○ (Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly . 					
Cycle length: 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:

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.

Patient information

CLAG +/- Mitoxantrone		Filgrastim, Cladribine, Cytarabine +/- Mitoxantrone		
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> Olanzapine 5 mg PO once 30 minutes prior to chemotherapy Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Filgrastim 5 mcg/kg= _____ mcg subcutaneous on days 0 to 6. Cladribine 5 mg/m ² = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours. Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Cytarabine 2000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours once daily on days 1 to 5 starting 2 – 4 hours after cladribine <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours on days 1 to 5 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Mitoxantrone 10 mg/m ² = _____ mg intravenous push over 5 minutes on days 1-3 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg intravenous push over 5 minutes on days 1-3 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> Dexamethasone 8 mg PO daily on days 6 & 7 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. (Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly. 				
Cycle length: 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:

References

1. 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 (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					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-6 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-6 ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 					
Chemotherapy*					
Mitoxantrone 6 mg/m ² = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 6 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 6 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Etoposide 80 mg/m ² = _____ mg in 0.9% NaCl (concentration of 0.2-0.4 mg/ml) intravenous infusion over 1 hour on days 1 to 6 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 0.9% NaCl (concentration of 0.2-0.4 mg/ml) intravenous infusion over 1 hour on days 1 to 6 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Cytarabine 1000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 6 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 6 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 7 & 8 ○ Metoclopramide 10 mg PO q6h PRN nausea/vomiting ○ Voriconazole 200 mg PO bid (AML) OR Fluconazole 400 mg PO OD (ALL) until resolution of neutropenia. ○ Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. ○ (Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly (ALL) 					
Cycle length: 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:

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 +/- Gemtuzumab Ozagamicin		Daunorubicin + Cytarabine +/- Midostaurin +/- Gemtuzumab Ozagamicin		
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 (omit on days 1,4,&7 if methylprednisolone given) ○ Paracetamol 1000 mg PO once 30 minutes prior to Gemtuzumab ○ Diphenhydramine 50 mg IV once 30 minutes prior to Gemtuzumab ○ Methylprednisolone 1 mg/kg IV once 30 minutes prior to Gemtuzumab ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ▪ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Daunorubicin 60 mg/m ² = _____ mg intravenous push over 5 minutes on days 1-3 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg intravenous push over 5 minutes on days 1-3 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Cytarabine 100 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Midostaurin 50 mg twice daily on days 8 – 21 (FLT3 positive patient) <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg on days 8 – 21 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Gemtuzumab 3 mg/m ² = _____ (Max of 4.5 mg) in 100 ml 0.9% NaCl intravenous infusion over 2 hours on days 1, 4 and 7 (Favorable risk patient with positive CD33) <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg (Max of 4.5 mg) in 100 ml 0.9% NaCl intravenous infusion over 2 hours on days 1, 4 and 7 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				

Post-Chemotherapy Medications
<ul style="list-style-type: none"> ○ 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: -

*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 +/- Gemtuzumab Ozagamicin		Idarubicin + Cytarabine +/- FLT3 inhibitor +/- Gemtuzumab Ozagamicin		
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 (omit on days 1,4,&7 if methylprednisolone given) ○ Paracetamol 1000 mg PO once 30 minutes prior to Gemtuzumab ○ Diphenhydramine 50 mg IV once 30 minutes prior to Gemtuzumab ○ Methylprednisolone 1 mg/kg IV once 30 minutes prior to Gemtuzumab ○ Consider tumor lysis syndrome prophylaxis: Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Idarubicin 12 mg/m ² = _____ mg intravenous push over 5 minutes on days 1-3 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg intravenous push over 5 minutes on days 1-3 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Cytarabine 100 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Midostaurin 50 mg twice daily on days 8 – 21 (FLT3 positive patient) <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg on days 8 – 21 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Gemtuzumab 3 mg/m ² = _____ (Max of 4.5 mg) in 100 ml 0.9% NaCl intravenous infusion over 2 hours on days 1, 4 and 7 (Favorable risk patient with positive CD33) <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg (Max of 4.5 mg) in 100 ml 0.9% NaCl intravenous infusion over 2 hours on days 1, 4 and 7 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				

<ul style="list-style-type: none"> ○ 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:

*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. 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)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
Baseline Echo (Date): ____/____/____ EF%: ____		Last Echo (Date): ____/____/____ EF%: ____		Time:
				Location:
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _				
Pre-Chemotherapy medications				
30 min prior to inotuzumab ozogamicin infusion on days 1, 8 and 5				
<input type="radio"/> Paracetamol 1000 mg PO 30 minutes prior to start of inotuzumab ozogamicin infusion <input type="radio"/> Diphenhydramine 50 mg IV 30 minutes prior to start of inotuzumab ozogamicin infusion <input type="radio"/> Hydrocortisone 100 mg IV 30 minutes prior to start of inotuzumab ozogamicin infusion				
Chemotherapy*				
Cycle 1 (21 – 28 days)				
Inotuzumab Ozogamicin 0.8 mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Inotuzumab Ozogamicin 0.5 mg/m ² = _____ mg in 50 mL 0.9% NaCl over 60 minutes on days 8 and 15				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl over 60 minutes on days 8 and 15 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Cycle 2 – 6 (28 days)				
<input type="checkbox"/> <u>Patient who DID NOT achieve CR or CRi:</u>				
Inotuzumab Ozogamicin 0.8 mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Inotuzumab Ozogamicin 0.5 mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 8 and 15				
<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 8 and 15 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
<input type="checkbox"/> <u>Patient who DID achieve CR or CRi:</u>				
Inotuzumab Ozogamicin 0.5 mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 1, 8 and 15				

<ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 1, 8 and 15 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____
Post-Chemotherapy Medications
<ul style="list-style-type: none"> Metoclopramide 10 mg PO q6h PRN nausea/vomiting Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly Ursodeoxycholic Acid (Start prior to initiating inotuzumab ozogamicin treatment) <ul style="list-style-type: none"> 250 mg PO BID if patient's weight is less than 90 kg 250 mg PO TID if patient's weight is 90 kg or more Allopurinol 300 mg PO daily on days 1-7
Cycle length: 21-28 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:

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 Venetoclax		Azacitidine plus Venetoclax		
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> Ondansetron 16 mg IV once 30 to 60 min prior to azacitidine treatment on days 1-7 Dexamethasone 12 mg PO/IV 30 to 60 min prior to azacitidine treatment on days 1-7 Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Azacitidine $75 \text{ mg/m}^2 = \underline{\hspace{2cm}}$ mg subcutaneous over 5 minutes on days 1-7 <ul style="list-style-type: none"> Dose Modification: _____% = _____ $\text{mg/m}^2 = \underline{\hspace{2cm}}$ mg subcutaneous over 5 minutes on days __ to __ Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> 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 <ul style="list-style-type: none"> Dose Modification: _____% = _____ mg Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> 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: repeat every 28 days continues until disease progression or unacceptable toxicity				

*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. 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 (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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ○ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Filgrastim 5 mcg/kg= _____ mcg subcutaneous on days 0 to 6. Fludarabine 30 mg/m ² = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Cytarabine 2000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 5 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Idarubicin 10 mg/m ² = _____ mg intravenous push over 5 minutes on days 1-3 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg intravenous push over 5 minutes on days 1-3 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 6 & 7 ○ 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. ○ (Sulfamethoxazole / Trimethoprim) 1 double-strength tablet PO 3 times weekly . 				
Cycle length: 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:

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.

Patient information

HDAC	High Dose Cytarabine				
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					
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other					
Pre-Chemotherapy medications					
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ○ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 					
Chemotherapy*					
Cytarabine 3000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5					
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 					
Post-Chemotherapy Medications					
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 6 & 7 ○ 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: Repeat the cycle every 28 days for 3 – 4 cycles					

*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. 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

Patient information

iDAC	intermediate Dose Cytarabine	
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		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____		
Pre-Chemotherapy medications		
<ul style="list-style-type: none"> ○ Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 ○ Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only ○ Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 ○ Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ○ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 		
Chemotherapy*		
Cytarabine 1000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5		
<ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 		
Post-Chemotherapy Medications		
<ul style="list-style-type: none"> ○ Dexamethasone 8 mg PO daily on days 6 & 7 ○ 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: Repeat the cycle every 28 days for 3 – 4 cycles		

*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. 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 x 1 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

Patient information

Azacitidine		High risk Myelodysplastic Syndrome using Azacitidine		
Wt:	Ht:	BSA:	BMI:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	
Baseline Echo (Date): __/__/__ EF%:		Last Echo (Date): __/__/__ EF%:		
Diagnosis:				
Pre-chemotherapy Checklist				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
<ul style="list-style-type: none"> ○ Ondansetron 16 mg IV 30 min prior to azacitidine on days 1-7 ○ Dexamethasone 12 mg PO/IV once 30 min prior to azacitidine on days 1-7 ○ Consider tumor lysis syndrome prophylaxis: <ul style="list-style-type: none"> ○ Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy. 				
Chemotherapy*				
Azacitidine 75 mg/m ² = _____ mg subcutaneous over 5 minutes on days 1-7 <ul style="list-style-type: none"> • Dose Modification: _____ % = _____ mg/m² = _____ mg subcutaneous over 5 minutes on days 1-7 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<ul style="list-style-type: none"> ○ 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: repeat every 28 days continues until disease progression				

*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. 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	HyperCVAD Phase A	
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # of _____	
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		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____		
Pre-Chemotherapy medications		
30 to 60 min prior to chemotherapy on day 1-7 <input type="checkbox"/> Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 4-7 <input type="checkbox"/> Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 4 only <input type="checkbox"/> Ondansetron 16 mg IV once 30 minutes prior to chemotherapy on days 1-3		
Chemotherapy*		
Doxorubicin 50 mg/m ² = _____ mg intravenous push over 5 minutes on day 4 • Dose Modification: _____ % = _____ mg/m ² = _____ mg intravenous push over 5 minutes on days ____ to ____ • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Cyclophosphamide 300 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion twice daily on days 1-3 Dose Modification: _____ % = _____ mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion twice daily on days 1-3 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Vincristine 1.4 mg/m ² = _____ mg (MAX= 2 mg) in 50 mL 0.9% NaCl intravenous infusion over 15 minutes on days 4 & 11 Dose Modification: _____ % = _____ mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 15 minutes on days 4 & 11 • Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____		
Dexamethasone 40 mg Intravenously or orally on days 1-4 and 11-14		
Cytarabine 100 mg intrathecal on day 2		
Methotrexate 12 mg intrathecal on day 8 (6 mg if given via Ommaya reservoir)		
<input type="checkbox"/> Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14		
Post-Chemotherapy Medications		
<input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN nausea/vomiting <input type="checkbox"/> Dexamethasone 8 mg PO daily on days 5-7 <input type="checkbox"/> Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment <input type="checkbox"/> Fluconazole 300 mg once daily throughout the neutropenia <input type="checkbox"/> Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly <input type="checkbox"/> Allopurinol 300 mg PO daily on days 1-7 <input type="checkbox"/> filgrastim 300 mcg Subcutaneously daily on days _____		
Cycle length: 21 days (Cycles 1,3,5,&7)		

*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. 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: _____ BMI: _____	Cycle # of _____	
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		
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____		
Pre-Chemotherapy medications		
30 to 60 min prior to chemotherapy on day 1-7 <ul style="list-style-type: none"> <input type="checkbox"/> Ondansetron 16 mg once 30 minutes prior to chemotherapy on day 1-3 <input type="checkbox"/> Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on days 1-3 Pre-methotrexate: <ul style="list-style-type: none"> <input type="checkbox"/> 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 < 0.1 micromol <input type="checkbox"/> Sodium Bicarbonate 1300 mg PO q4h. Start the day prior to methotrexate administration; continue until methotrexate level is less than 0.1 micromol/L <input type="checkbox"/> Obtain urine pH q6h until methotrexate is less than 0.1 micromol/L <input type="checkbox"/> Methotrexate levels daily. Start 24 hours after beginning methotrexate infusion and until methotrexate level < 0.1 micromol. 		
Chemotherapy*		
Methotrexate 1000 mg/m ² = _____ mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Cytarabine 3000 mg/m ² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours twice daily on days 2 & 3 <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours twice daily on days 2 & 3 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Leucovorin 25 mg/m ² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 15 minutes every 6 hours for 4 doses, to be started exactly 24 hours after methotrexate infusion <ul style="list-style-type: none"> Dose Modification: _____ % = _____ mg/m² = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 15 minutes every 6 hours for 4 doses, to be started exactly 24 hours after methotrexate infusion Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 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 intrathecal on day 8 (6 mg if given via Ommaya reservoir) <input type="checkbox"/> Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14		

Post-Chemotherapy Medications
<ul style="list-style-type: none"> ○ Metoclopramide 10 mg PO q6h PRN nausea/vomiting ○ 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) ○ Dexamethasone 8 mg PO daily on days 5-6 ○ Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment ○ Fluconazole 300 mg once daily throughout the neutropenia ○ Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly <ul style="list-style-type: none"> □ 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)

*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
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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 induction	Blinatumomab induction (R/R ALL)		
Wt: _____ Ht: _____ BSA: _____ BMI: _____	Cycle # of _____		
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			
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other ____			
Pre-Chemotherapy medications			
60 min prior to blinatumomab infusion on days 1 and 8			
<input type="checkbox"/> Dexamethasone 20 mg IV once (Repeat dexamethasone dose prior to restarting blinatumomab if an infusion interruption of more than 4 hours occurs)			
Chemotherapy*			
<input type="checkbox"/> If patient weight is $\geq 45\text{kg}$ Blinatumomab 9 mcg = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 <ul style="list-style-type: none"> Dose Modification: ____% = _____ mcg/m² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Blinatumomab 28 mcg = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 <ul style="list-style-type: none"> Dose Modification: ____% = _____ mcg/m² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ <input type="checkbox"/> If patient weight is $< 45\text{kg}$ Blinatumomab 5 mcg/m ² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 <ul style="list-style-type: none"> Dose Modification: ____% = _____ mcg/m² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ Blinatumomab 15 mcg/m ² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 <ul style="list-style-type: none"> Dose Modification: ____% = _____ mcg/m² = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 			
Post-Chemotherapy Medications			
<input type="checkbox"/> Metoclopramide 10 mg PO q6h PRN nausea/vomiting <input type="checkbox"/> Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment <input type="checkbox"/> Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly <input type="checkbox"/> Allopurinol 300 mg PO daily on days 1-7			
Cycle length: 42 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:

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+		
Wt:	Ht:	BSA:	BMI:	Cycle # of
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				
<input type="checkbox"/> CBC-diff <input type="checkbox"/> Chem Panel <input type="checkbox"/> Liver Enzymes <input type="checkbox"/> Cardiac Function <input type="checkbox"/> N/V control prior cycle <input type="checkbox"/> Other _____				
Pre-Chemotherapy medications				
60 min prior to blinatumomab infusion on days 1 and 8				
<input type="radio"/> Dexamethasone 20 mg IV once (Repeat dexamethasone dose prior to restarting blinatumomab if an infusion interruption of more than 4 hours occurs)				
Chemotherapy*				
<input type="radio"/> If patient weight is $\geq 45\text{kg}$ Blinatumomab 28 mcg = _____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28 <ul style="list-style-type: none"> Dose Modification: _____% = _____ mcg/m² = _____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
<input type="radio"/> If patient weight is $< 45\text{kg}$ Blinatumomab 15 mcg/m ² = _____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28 <ul style="list-style-type: none"> Dose Modification: _____% = _____ mcg/m² = _____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28 Reason for dose modification: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____ 				
Post-Chemotherapy Medications				
<input type="radio"/> Metoclopramide 10 mg PO q6h PRN nausea/vomiting <input type="radio"/> Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment <input type="radio"/> Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly <ul style="list-style-type: none"> Allopurinol 300 mg PO daily on days 1-7 				
Cycle length: 42 days				

*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
Pharmacy	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
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References:

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