وزارة الصحة
Ministry of Health

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other ___

Pre-Chemotherapy medications

30 to 60 min prior to AC treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Olanzapine 5 mg PO daily Day 1
- 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

- 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: □ Hematology:_____ □ 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: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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: Reapeat 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Thyroid profile: Creatinine: Baseline Echo (Date): __/__/___ EF%: Last Echo (Date): __/__/__ EF%:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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, Pusztai L, et al. KEYNOTE-522 Investigators. Pembrolizumab for Early Triple-Negative Breast Cancer. N Engl J Med. 2020 Feb 27;382(9):810-821.

CMF	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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Ondansetron 8 mg IV once on Day 1 and 8
- Dexamethasone 8 mg PO once on Day 1 and 8

Chemotherapy

In day 1 and 8:

Methotrexate 40 mg/m^2 x BSA = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

5-Fluorouracil 600 mg/m^2 x BSA = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 10 ml 0.9% NaCl for slow IV push over 5 to 10 minutes
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

From day 1 to day 14:

Cyclophosphamide 100 mg/m^2 = _____mg PO once daily in the morning (round the dose to nearest 25 mg)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- Dexamethasone 4 mg PO BID on Day 2-3 and 9-10 (Cycles 1-6)
- 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

60 to 30 min prior to **AC** treatment:	30 min prior to **PACLitaxel** treatment:
o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 o Olanzapine 5 mg PO daily Day 1 o Dexamethasone 12 mg PO Day 1	o Dexamethasone 10-20 mg IV over 15 minutes o Diphenhydramine 25-50 mg IV over 15 minutes o Famotidine 20 mg IV over 15 minutes

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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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.

- o 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.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Repeat every 7 days for 12 weeks

Post-Chemotherapy Medications

- o Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-4)
- o Dexamethasone 8 mg PO daily Day 2-4 (Cycles 1-4)
- o Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-4)
- o 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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.

- Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg IV in 250 to 500 mL 0.9% NaCl (non-DEHP bag) over 1 hour.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cycles 1

- 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

- 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**

- 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

- Dexamethasone 8 mg PO BID days 2-3
- Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)

Cycle length: Repeat every 21 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.

DOCEtaxel and Trastuzumab	Adjuvant Therapy for Breast Cancer DOCEtaxel and Trastuzumab	

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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. (Use non-DEHP tubing) on day 1.

- Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
- Reason for dose modification: □ Hematology: _____ □ 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

- Dexamethasone 8 mg PO BID days 2-3
- Metoclopramide 10 mg PO/IV q6h PRN N/V (Cycles 1-8)

Cycle length: Repeat every 21 days

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

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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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other __

Pre-Chemotherapy medications

60 to 30 min prior to **AC** treatment:
- o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- o Olanzapine 5 mg PO daily Day 1
- o Dexamethasone 12 mg PO Day 1

30 min prior to **PACLitaxel** treatment:
- o Dexamethasone 20 mg IV over 15 minutes
- o Diphenhydramine 50 mg IV over 15 minutes
- o 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.
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cyclophosphamide 600 mg/m^2 = _____mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes. On day 1.
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.
- o Reason for dose modification: □ Hematology: _____ □ 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)
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml 0.9% NaCl for IV infusion over 3 **hours**.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-4)
- o Dexamethasone 8 mg PO daily Day 2-4 (Cycles 1-4)
- o Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8)
- o 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 min prior to PACLitaxel treatment:
- o Dexamethasone 10-20 mg IV over 15 minutes
- o Diphenhydramine 25-50 mg IV over 15 minutes
- o Famotidine 20 mg IV over 15 minutes

Chemotherapy*

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)
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-8)

Cycle length: Weekly for 4 cycle (12 weeks total)

Physician 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

DOCEtaxcel 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other ___

Pre-Chemotherapy medications

1 day prior to DOCEtaxel treatment:

- Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment.

Chemotherapy*

Cycles 1-4:

DOCEtaxel 100 mg/m^2 x BSA = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:	1 day prior to treatment:
o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 o Olanzapine 5 mg PO daily Day 1	o Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment.

Chemotherapy*

Cycles 1-6:

DOXOrubicin 50 mg/m^2 = _____mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cyclophosphamide 500 mg/m^2 = _____mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

1 hour after DOXOrubicin and cyclophosphamide:

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)
- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o Olanzapine 5 mg PO daily Day 2-4
- o Dexamethasone 8 mg PO BID Day 2-3
- o Filgrastim (G-CSF) 300 mg or (5 mcg/kg/dose) SC daily Day 3-10
- o 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-flouorouracil, doxorubicin, cyclophosphamide) in the adjuvant treatment of node positive breast cancer (BC) patients: interim analysis of BCIRG 001. Proc Am Soc Clin Oncol 2002; 21:36a (abstr 141).

TC	**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)
				Date:
Bilirubin:	ALT:	AST:	Creatinine:	Time:
				Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment: o Ondansetron 8 mg IV daily Day 1	1 day prior to treatment: o Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment.

Chemotherapy*

Cycles 1-4:

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: □ Hematology: _____ □ Other Toxicity: _____

DOCEtaxel 75 mg/m^2 x BSA = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour

- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour.
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o Dexamethasone 8 mg PO BID Day 2-3
- o Filgrastim (G-CSF) 300 mg or 5 mcg/kg/day) SC daily Day 3-10
- o 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 minutes prior to CARBOplatin treatment: o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 o Olanzapine 5 mg PO daily Day 1	1 day prior to DOCEtaxcel treatment: o Dexamethasone 8 mg PO BID starting one day prior to each DOCEtaxel administration. Patient must receive minimum of 3 doses pretreatment.

Chemotherapy*

Cycles 1-6:

DOCEtaxel 75 mg/m^2 x BSA = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour on day 1

- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

CARBOplatin AUC 6 x (GFR + 25) = ____ mg (MAX. 900 mg) in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1.

- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 min
- o Reason for dose modification: □ Hematology: _____ □ 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

Cycle 2-17 (Maintenance dose):
Trastuzumab 6 mg/kg x weight = _____ mg in 250 ml 0.9% NaCl for IV infusion **over 60 minutes** on cycle 2. If tolerated, infuse over 30 minutes on subsequent cycles. On day 1

Post-Chemotherapy Medications

- o Dexamethasone 8 mg PO BID Day 2-3 (Cycles 1-6)
- o Olanzapine 5 mg PO daily Day 2-4 (Cycles 1-6)
- o Metoclopramide 10 mg PO q6h PRN N/V (Cycles 1-6)
- o 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:

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

Reference:

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

NEOAdjuvant 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications	
30 to 60 min prior to chemotherapy o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 o Olanzapine 5 mg PO daily Day 1	30 min prior to PACLitaxel treatment: o Dexamethasone 10-20 mg IV over 15 minutes o Diphenhydramine 25-50 mg IV over 15 minutes o Famotidine 20 mg IV over 15 minutes

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.**

- o 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

- o Dose Modification: _____ % = _____ mg

* Use separate infusion line and filter for each drug

Then

CYCLE #_____ (Cycle 5-8)

Pembrolizumab 200 mg in 50 mL 0.9% NaCl IV infusion over 30 minutes using a 0.2 micron in-line filter. On day 1.

DOXOrubicin 60 mg/m^2 = _____mg in 100 ml 0.9% NaCl for IV infusion over 30 minutes. On day 1.

- o Dose Modification: _____% = _____ mg/m^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.

- o Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

Post-Chemotherapy Medications		
o Olanzapine 5 mg PO daily Day 2-4 o Dexamethasone 8 mg PO daily Day 2-4 o 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, Pusztai L, et al. KEYNOTE-522 Investigators. Pembrolizumab for Early Triple-Negative Breast Cancer. N Engl J Med. 2020 Feb 27;382(9):810-821.

TCHP	**Neoadjuvant Therapy for 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 minutes prior to CARBOplatin treatment:
- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Olanzapine 5 mg PO daily Day 1

One day prior to DOCEtaxcel treatment:
- Dexamethasone 8 mg PO BID , Patient must receive minimum of 3 doses pretreatment.

Chemotherapy*

Cycles 1-6:

DOCEtaxel 75 mg/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.
- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml 0.9% NaCl for IV infusion over 1 hour
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

CARBOplatin AUC 6 x (GFR + 25) = _____ mg (MAX. 900 mg) in 100 ml 0.9% NaCl for IV infusion over 30 minutes on day 1.
- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 30 min
- Reason for dose modification: □ Hematology: _____ □ 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.
- Dose Modification: _____% = _____ mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cycle 2-6 (Maintenance dose):

Trastuzumab 6 mg/kg x weight = _____ mg in 250 ml 0.9% NaCl for IV infusion **over 60 minutes** on cycle 2. If tolerated, infuse over 30 minutes for subsequent cycles. on day 1.

pERTUZumab 420 mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over **60 minutes** on cycle 2. If tolerate, infuse over 30 minutes on subsequent cycles. on day 1.
- Dose Modification: _____% = _____ mg = _____ mg in 250 ml 0.9% NaCl for IV infusion over 60 minutes
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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

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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 min prior to PACLitaxel treatment:

- 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 1-4:

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**

- Dose Modification: _____% = _____ mg/m^2 = _____
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cycles 1

Trastuzumab 8 mg/kg =_____mg in 250 mL 0.9% NaCl IV infusion **over 90 minutes**. Observe for 1 hour post infusion on day 1.

Cycles 2

Trastuzumab 6 mg/kg = _____mg in 250 mL 0.9% NaCl IV infusion **over 1 hour**. Observe for 30 minutes post infusion on day 1.

Cycles 3 and onwards to complete **ONE YEAR**

Trastuzumab 6 mg/kg x _____ kg =_____mg in 250 mL 0.9% NaCl IV infusion **over 30 minutes**. Observe for 30 minutes post infusion on day 1.

Post-Chemotherapy Medications

- Metoclopramide 10 mg PO/IV q6h PRN N/V

Cycle length: Repeat every 21 days

Physician Name:		Signature:
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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 min prior to PACLitaxel treatment:

- 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 1-4:

PACLitaxel 80 mg/m^2 OR _____ mg/m2 (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.**

- Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cycle 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
- PERTuzumab 840 mg in 250 mL 0.9% NaCl IV infusion **over 1 hour**. Observe for 1-hour post-infusion. On day1

Cycle 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
- 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**

- 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Ondansetron 8 mg IV once on day 1 and 8
- Dexamethasone 12 mg PO once on day 1 and 8

Chemotherapy

<u>On day 1 and 8</u>

Methotrexate 40 mg/m^2 = _____ mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes
- Dose Modification: _____% = _____ mg/m^2 = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

5-Fluorouracil 600 mg/m^2 = _____ mg in 10 mL 0.9% NaCl for slow IV push over 5 to 10 minutes
- Dose Modification: _____% = _____ mg/m^2 = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cyclophosphamide 600 mg/m^2 = _____mg in 100 to 250 mL 0.9% NaCl IV infusion over 20 minutes to 1 hour
- Dose Modification: _____% = _____ mg/m^2 = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- Dexamethasone 4 mg PO BID Day 2-3 and 9-10 (Cycles 1-6)
- 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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*

Cycles 1-8:

DOCEtaxel 75 mg/m^2 x BSA =_____mg

- Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg IV in 250 to 500 mL 0.9% NaCl IV infusion (non-DEHP bag) over 1 hour. (Use non-DEHP tubing)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cycles 1

Trastuzumab 8 mg/kg x _____ kg =_____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 mg/kg x _____ kg = _____mg in 250 mL 0.9% NaCl IV infusion **over 1 hour**. Observe for 30 minutes post infusion.

PERTuzumab 420 mg in 250 mL 0.9% NaCl IV infusion **over 1 hour**. Observe for 30 minutes to 1 hour post infusion.

Cycles 3 and onwards

Trastuzumab 6 mg/kg x _____ kg =_____mg in 250 mL 0.9% NaCl IV infusion **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

- Dexamethasone 8 mg PO BID days 2-3 (Cycles 1-8)
- 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o dexamethasone 8 mg PO BID days 2-3
o 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Olanzapine 5 mg PO daily Day 1
- Dexamethasone 12 mg PO Day 1

Chemotherapy*

Cycles 1-6:

Epirubicin 75 mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 1 hour

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 ml 0.9% NaCl for IV infusion over 1 hour
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

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: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- Dexamethasone 8 mg PO Day 2-4 (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

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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

o Metoclopramide 10 to 20 mg PO prior to treatment

Chemotherapy*

DAY 1 and 8

eriBULin 1.23 mg/m^2=_____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)**)**

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV Push over 2 to 5 minutes on Day 1 and Day 8.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o 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 201 3; 377:914-23

Gemcitabine and CARBOplatin	Palliative Therapy for Metastatic Breast Cancer Using CARBoplatin and Gemcitabine	

Wt:	Ht:	BSA:	BMI:	Cycle #
ANC:	Platelets:	Hb:		Delay treatment _____ week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to chemo

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Olanzapine 5 mg PO daily Day 1
  Dexamethasone 12 mg PO/IV Day

Chemotherapy*

Gemcitabine 1000 mg/m^2 = ____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8
- Reason for dose modification: □ Hematology:_____ □ 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

- Olanzapine 5mg PO daily Day 2-4
- Dexamethasone 8 mg PO/IV daily Day 2-4
- 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	PalliativeTherapy 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications	**Pre-CISplatin hydration**
30 to 60 min prior to chemo o Netupitant 300 mg + palonosetron 500 microgram capsule Day 1 o Olanzapine 5 mg PO daily Day 1 Dexamethasone 12 mg PO/IV Day	o 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

- o Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl for IV infusion over 30 minutes on Day 1 and Day 8
- o Reason for dose modification: □ Hematology: _____ □ 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

- o 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
- o Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications	**Post CISplatin hydration**
o Olanzapine 5mg PO daily Day 2-4 o Dexamethasone 8 mg PO/IV daily Day 2-4 o 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 min prior to PACLitaxel treatment:

- 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 1st cycle and then day 1 on subsequent cycles.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cycles 1

- 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

- 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 min prior to PACLitaxel treatment:

- Dexamethasone 10-20 mg IV over 15 minutes
- Diphenhydramine 25-50 mg IV over 15 minutes
- 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.

- Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 45 min prior to PACLitaxel treatment:

- Dexamethasone 10 mg IV over 15 minutes
- Diphenhydramine 25-50 mg IV over 15 minutes
  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.**

- Dose Modification: _____% = _____ mg/m^2 = _____ mg
- Reason for dose modification: □ Hematology: _____ □ 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to chemotherapy treatment:

- 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.

- Dose Modification: _____ mg/kg x _____kg = _____ mg
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

If initial infusion was tolerated well, administer subsequent infusions over 30 minutes

Post-Chemotherapy Medications

- 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 Emtanesine	

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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

o 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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:

- Tucatinib* 250 mg PO BID on days 1 to 21 continuously
- Tucatinib* 200 mg PO BID on days 1 to 21 continuously
- Tucatinib* 150 mg PO BID on days 1 to 21 continuously

Cycle 1 and onwards

Capecitabine 1000 mg/m^2 x BSA x (_____%) = _____mg PO BID x 14 days on days 1 to 14.

Post-Chemotherapy Medications

- 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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

- Dose Modification: _____% = _____ mg/m^2 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: □ Hematology:_____ □ 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

o 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:

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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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: □ Hematology:_____ □ 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

o 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.

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Classic FOLFIRI	**Therapy for Metastatic Colorectal Cancer ,Classic FOLFIRI**	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFIRI treatment:

- 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml D5W for IV infusion over 90 minutes.
- Reason for dose modification: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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/m^2 = _____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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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:

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 # Delay treatment _____ week(s) Date:
ANC:	Platelets:	Hb:		
Bilirubin:	ALT:	AST:	Creatinine:	Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFIRI treatment:

- o ONDansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1
- o Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1
- o 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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/m^2 = _____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: □ Hematology: _____ □ Other Toxicity: __

BEVACIZUMAB, 5 mg/kg = _____ mg IV in 100 ml 0.9% NaCl on day 1
Infuse over 90 minutes for 1st infusion, 60 minutes for 2nd 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o Metoclopramide 10 mg PO/IV q6h PRN N/V
- o Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours
- o 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFIRI treatment:

- o ONDansetron 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1
- o Dexamethasone 8 mg IV ONCE, dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy on Day 1
- o ATROPINE 0.3 mg subcutaneous ONCE, before irinotecan on Day 1

Chemotherapy

IRINOTECAN 180 mg/m² = _____mg in 500 ml D5W for IV over 90 minutes every 1 Times on day1 (ref. 2-8 c) PFL

- Dose Modification: _____% = _____ mg/m² = _____ mg in 500 ml D5W for IV infusion over 90 minutes.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

LEUCOVORIN (CALCIUM FOLINATE) 400 mg/m² = _____mg in 250 mL D5W for IV over 2 hours every 1 Times on day1 (ROOM TEMP.) PFL

- Dose Modification: _____% = _____ mg/m² = _____ mg in 250 mL 0.9% D5W for IV over 2 hours
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

FLUOROURACIL, 5-FU 400 mg/m² = _____mg IV bolus immediately every 1 Times (ROOM TEMP.) after LEUCOVORIN (ROOM TEMP.) PFL

- Dose Modification: _____% = _____ mg/m² = _____ mg IV Push
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

FLUOROURACIL, 5-FU 2400 mg/m² = _____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/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _

CETUXIMAB, 500 mg/m2 = _____ mg IV over 2 hours on day 1 (infuse over 1 hour in subsequent cycles)

- Dose Modification: _____% = _____ mg/m² = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _

Post-Chemotherapy Medications

- o Metoclopramide 10 mg PO/IV q6h PRN N/V
- o Loperamide 4 mg, at the onset of diarrhea and then 2 mg every 2 hours until patient is diarrhea-free for 12 hours
- o 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

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFOX treatment:

- o ONDansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1
- o 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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/m^2 = _____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: □ Hematology: _____ □ Other Toxicity: _____

BEVACIZUMAB, 5 mg/kg = _____ mg IV in 100 ml) 0.9% NaCl on day 1
Infuse over 90 minutes for 1st infusion, 60 minutes for 2nd 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- o 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFOX treatment:

- ONDansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1
- 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 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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/m^2 = _____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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to FOLFOX treatment:

- ONDansetron 8 mg IV dilute with 50 ml 0.9 Sodium chloride to be given over 15 mint before chemotherapy day 1
- 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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/m^2 = _____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: □ Hematology: _____ □ Other Toxicity: _____

CETUXIMAB, 500 mg/m2 = _____ mg IV over 2 hours on day 1 (infuse over 1 hour in subsequent cycles)

- Dose Modification: _____% = _____ mg/m2 = _____ mg in 100 mL 0.9% NaCl for IV over 2 hours
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _

Post-Chemotherapy Medications

- Metoclopramide 10 mg PO/IV q6h PRN N/V

Cycle length: MFFOLFOX-6 = 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:

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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ 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

- 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: □ Hematology: _____ □ 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 _____ week(s)
Bilirubin:	ALT:	AST:	Creatinine:	Date:
				Time:
				Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

-

Chemotherapy

TRIFLURIDINE/TIPIRACIL, 35 mg/m2 (based on Trifluridine component) = _____ mg (MAX per dose= 80 mg trifluridine) PO bid on days 1-5 and 8-12

- Dose Modification: _____% = _____ mg/m^2 = _____
- Reason for dose modification: □ Hematology: _____ □ 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

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to XELOX treatment:

- 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 infusion over 2 hours on day1 (ROOM TEMP.)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml D5W for IV infusion over 2 hours.
- Reason for dose modification: □ Hematology: _____ □ 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

- 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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:

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

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to XELOX treatment:

- 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.)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml D5W for IV infusion over 2 hours.
- Reason for dose modification: □ Hematology: _____ □ 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

- 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: □ Hematology: _____ □ Other Toxicity: _____

BEVACIZUMAB, 7.5 mg/kg = _____ mg in 100 ml 0.9% NaCl IV infusion on day 1
Infuse over 90 minutes for 1st infusion, 60 minutes for 2nd infusion and 30 minutes for subsequent cycles.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL 0.9% NaCl for IV infusion
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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

XELIRI	Therapy for Metastatic Colorectal Cancer XELIRI	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to Chemotherapy regimen treatment:

- 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

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: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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:

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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine:	Cycle # Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chemistry Panel □ Liver Enzymes □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

15 to 30 min prior to Chemotherapy regimen treatment:

- 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml D5W for IV infusion over 90 minutes.
- Reason for dose modification: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: ___

BEVACIZUMAB, 7.5 mg/kg = _____ mg IV in 100 ml) 0.9% NaCl on day 1
Infuse over 90 minutes for 1st infusion, 60 minutes for 2nd 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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:

وزارة الصحة
Ministry of Health

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: 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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV push day 1 and 15.
- Reason for dose modification: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Bleomycin 10 units/m^2 = _____ units in 50 mL 0.9% NaCl IV over 15 minutes day 1 and 15.

- Dose Modification: _____% = _____ mg/m^2 = _____ units in ____ mL 0.9% NaCl IV over 15 minutes day 1 and 15.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Dacarbazine 375 mg /m^2 = _____ mg in 500 mL 0.9% NaCl or D5W IV over 1 to 2 hours day 1 and 15.

- Dose Modification: _____ % = _____ mg/m^2 = _____ mg IV in ____ mL 0.9% NaCl or D5W over 1 to 2 hours day 1 and 15.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:		Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/kg = _____ mg in ____ ml 0.9% NaCl IV over 30 minutes day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Bendamustine 90 mg/m^2 = _____mg in 500 ml NaCl 0.9% IV over 60 minutes day 1 and 2.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml NaCl 0.9% IV over 60 minutes day 1 and 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- Ondansetron 8 mg IV 15-30 minutes prior to chemotherapy
- Dexamethasone 12 mg IV 15-30 minutes prior to chemotherapy
- Chlorpheneramine 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 1 hour days 1 and 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

riTUXimab 375 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 1 hour days 1 and 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____

riTUXimab 500 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2.

- Dose Modification: ____% = _____ mg/m^2 = ____ mg in ____ mL 0.9% NaCl IV over 4 hours day 1 OR 2.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
- If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration.
    - 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: 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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- Netupitant 300 mg + palonosetron 500 microgram capsule prior to chemotherapy
- 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: □ Hematology:_____ □ 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: □ Hematology:_____ □ Other Toxicity:_____

Dacarbazine 375 mg /m^2 = _____ mg in 500 mL 0.9% NaCl or D5W IV over 1 to 2 hours day 1 and 15.

- Dose Modification: _____ % = _____ mg/m^2 = _____ mg IV in ____ mL 0.9% NaCl or D5W over 1 to 2 hours day 1 and 15.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

brentuximab vedotin 1.2 mg/kg = _____ mg in 50 to 100 ml 0.9% NaCl IV over 30 minutes day 1 and 15.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 30 minutes day 1 and 15.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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: 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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 20 min to 1 hour day 1.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

DOXOrubicin 50 mg/m^2 = _____mg IV push day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV push day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 15 minutes day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Prednisolone 100 mg PO days 1-5

Post-Chemotherapy Medications

- Olanzapine 5mg PO daily Day 2-4
- Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC > 1.5 x10^9cell /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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

- Ondansetron 8 mg PO 15-30 minutes prior to chemotherapy
- Consider tumor lysis syndrome prophylaxis (depend on the risk):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 20 min to 1 hour day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV in ____ mL 0.9% NaCl IV over 15 minutes day 1.
- Reason for dose modification: □ Hematology: _____ □ 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
o 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: ANC: Platelets: Hb: LDH: Bilirubin: ALT: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.
- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV infusion over 24 hours day 1.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cytarabine 2000 mg/m^2 = _____ mg in 1000 ml 0.9% NaCl IV infusion over 2 hours every 12 hours day 2.
- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 2 hours every 12 hours day 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

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 on days 5 – 7.
- Filgrastim 300 mcg SC daily from day 6, Continued until ANC >1x10^9/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
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 Delay treatment _____ week(s)
ANC:	Platelets:	Hb:	LDH:	Date:
Bilirubin:	ALT:	Uric Acid:	Creatinine:	Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Uric Acid □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 1 hour.
- Reason for dose modification: □ Hematology:_____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 24 hours.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytarabine 2000 mg/m^2 = _____ mg in 1000 ml 0.9% NaCl IV over 2 hours day 5.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 3 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

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 5 - 7
- Filgrastim 300 mcg SC from day 6 Continued until ANC > 1x10^9/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.

GDP	Gemcitabine, Dexamethasone and CISplatin	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Creatinine: □ Other _____

Pre-Chemotherapy medications

- 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.

Chemotherapy*

Gemcitabine 1000 mg/m^2 = _____mg in 250 mL 0.9 NaCl IV over 30 minutes day 1 and 8.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9 NaCl IV over 30 minutes day 1 and 8.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

CISplatin 75 mg/m^2 = _____mg in 500 mL 0.9 NaCl IV over 1 hour day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9 NaCl IV over 1 hour day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 40 mg PO days 1 to 4

Post-Chemotherapy Medications

- 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.

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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

- 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 in 1000 ml 0.9% NaCl IV over 4 hours.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Leucovorin 25 mg IV every 6 hours for 4 doses then PO until methotrexate level less than 0.1 micromol/L (Starting 24 hours after start of methotrexate infusion). (Refer to Ca Leucovorin dose adjustments based on MTX level in subsequent days.)

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: LDH : TSH : Na : K :		Cycle # of Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:		
Pre-chemotherapy Checklist		
□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Creatinine: □ Other _____		
Pre-Chemotherapy medications		
o DiphenhydrAMINE 50 mg IV 30 minutes prior to treatment o Acetaminophen 1000 mg PO 30 minutes prior to treatment o Hydrocortisone 25 mg IV 30 minutes prior to treatment		
Chemotherapy*		
Nivolumab 6 mg/kg (maximum 480 mg) = _____mg in 50 to 100 mL 0.9% NaCl IV over 30 minutes. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 30 minutes. • Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____		
Post-Chemotherapy Medications		
-		
Cycle length: Repeat every 4 weeks until disease progression or unacceptable toxicity		

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

Physician 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: ANC: Platelets: Hb: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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*

riTUXimab 375 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1 .

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
- If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration.
  - 1400 mg (fixed dose) Subcutaneous over 5 minutes into abdominal wall day 1.

polatuzumab vedotin 1.8 mg/kg = _____mg in 250 ml 0.9% NaCl IV over 1 hour and 30 minutes day 2.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 1 hour and 30 minutes day 2.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Bendamustine 90 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 1 hour days 2 and 3.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 1 hour days 2 and 3.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post Chemotherapy

o Dexamethasone 8 mg PO daily days 4 and 5 o Filgrastim 300 mcg SC daily for 5 days from day 7. o Cotrimoxazole DS 1 tab PO 2 times each week o Acyclovir 400 mg PO BID for the duration of chemotherapy and continue for 6 months after treatment completion
Cycle length: Repeat every 21 to 28 days for 6 Cycles

*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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in _____ mL 0.9% NaCl IV over 20 min to 1 hour day 1.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

DOXOrubicin 50 mg/m^2 = _____mg IV push day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV push day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV in _____ 0.9% NaCl IV over 15 minutes day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in _____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.
  - 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2.

Post-Chemotherapy Medications

o Olanzapine 5 mg PO daily Day 2-4 o Filgrastim 300 microgram Subcutaneous OD from day 6 until ANC > 1.5 x10^9cell /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: 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

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 20 min to 1 hour day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV in ____ mL 0.9% NaCl IV over 15 minutes day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.
  - 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: ANC: Platelets: Hb: LDH: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

riTUXimab 375 mg/m^2 = _____mg in 500 ml 0.9% NaCl IV infusion over 4 hours day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV infusion over 4 hours day 1.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration.
  - 1400 mg (fixed dose) Subcutaneous over 5 minutes into abdominal wall day 1.

CISplatin 100 mg/m^2 = _____ mg in 1000 ml 0.9% NaCl IV infusion over 24 hours day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV infusion over 24 hours day 1.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cytarabine 2000 mg/m^2 = _____ mg in 1000 ml 0.9% NaCl IV infusion over 2 hours every 12 hours day 2.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 2 hours every 12 hours day 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

o 0.9% NaCl 500-1000 ml IV + 20 mEq potassium chloride + 1 gm magnesium sulphate IV over 1 hour post cisplatin infusion. o Olanzapine 5 mg PO daily on days 2 – 4. o Filgrastim 300 mcg SC daily from day 6, Continued until ANC >1x10^9/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:

ANC: Platelets: Hb: LDH: Uric Acid:

Bilirubin: ALT: HBsAg: HBcoreAb:

Creatinine:

Cycle # of
Delay treatment _____ week(s)
Date:
Time:
Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 1 hour.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 24 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cytarabine 2000 mg/m^2 = _____ mg in 1000 ml 0.9% NaCl IV over 2 hours day 5.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl IV over 3 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

riTUXimab 375 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours day 1 .
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated (no severe reactions requiring early termination), subsequent doses can be given by subcutaneous administration.
  - 1400 mg (fixed dose in 13.4 mL) Subcutaneous over 7 minutes into abdominal wall day 1

Post-Chemotherapy Medications

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

وزارة الصحة
Ministry of Health

Patient information

R-GDP	RiTUXimab, Gemcitabine, Dexamethasone and CISplatin	
Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:		Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9 NaCl IV over 30 minutes day 1 and 8.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

CISplatin 75 mg/m^2 = _____mg in 500 mL 0.9 NaCl IV over 1 hour day 1.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9 NaCl IV over 1 hour day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.
  - 1400 mg Subcutaneous over 7 minutes into abdominal wall day 1 OR 2.

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: HBsAg: HBcoreAb: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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/m2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1.

- Dose Modification: _____% = _____ mg/m2 = _____ mg in ____ mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ in ____ ml 0.9% NaCl over 1 hour 30 minutes day 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Oxaliplatin 100 mg/m^2 = _____mg in 500 ml glucose 5% IV over 2 hours day 2.

- Dose Modification: _____% = _____ mg/m^2 = _____ in 250 ml 0.9% NaCl over 2 hours day 2.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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:

ANC: Platelets: Hb: LDH: Ca:

Bilirubin: ALT: HBsAg: HBcoreAb:
Creatinine:

Cycle # of
Delay treatment _____ week(s)
Date:
Time:
Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ HBsAg, HBcoreAb □ Other _____

Pre-Chemotherapy medications

- 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):
  - 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in _____ ml 0.9% NaCL over 2 hours on days 1,2,& 3.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in _____ ml 0.9% NaCL over 2 hours on days 1,2,& 3.
- Reason for dose modification: □ Hematology:_____ □ 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.

- Dose Modification: _____% = _____ mg IV in _____ ml 0.9% NaCL over 1 hour on day 1.
- Reason for dose modification: □ Hematology: _____ □ 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in _____ ml in 0.9% NaCL over 45 minutes to 1 hour 30 minutes on days 1,2and 3.
- Reason for dose modification: □Hematology:_____ □ Other Toxicity:_____

riTUXimab 375 mg/m^2 = _____mg in 500 mL 0.9% NaCl IV over 4 hours day 1 OR 2 OR 3.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mL 0.9% NaCl IV over 4 hours.
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____
- If IV infusion tolerated, subsequent doses can be given by subcutaneous administration.
  - 1400 mg Subcutaneous over 5 minutes into abdominal wall day 1 OR 2 OR 3.

Post-Chemotherapy Medications
o 0.9% NaCl 1000 ml IV over 1 hour post ifosfamide infusion. o Olanzapine 5 mg PO daily on days 4.5, and 6 o Dexamethasone 8 mg PO daily on days 4.5, and 6 o Filgrastim 300 mcg SC daily from day 4 , Continued until ANC >1x109/L for 2 consecutive days
Cycle length: Repeat every 3 weeks for up to 6 cycles.

*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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) on Day 1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 50 mg/m2 =_____mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

• Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Cyclophosphamide** 750 mg/m^2 = _____mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue)
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-1	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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/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: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 50 mg/m2 =_____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: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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) • Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 250ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ in 250ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue)
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 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) on Day 1

- Dose 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: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 60 mg/m2 =_____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: □ Hematology:_____ □ 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: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250ml 0.9% NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Prednisolone 60 mg/m^2 = _____mg PO Twice daily (i.e. 6 am and 12 noon) Day 1-5

- Dose Modification: _____% = _____ mg/m^2 = _____ 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) on Day 1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 50 mg/m2 =_____mg in 500 mg 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: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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) • Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Cyclophosphamide** 480 mg/m^2 = _____mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6am and 12noon Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue)
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 L3	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 3	

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400 mg/hr (infused as per hospital guidelines) on Day 1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 72 mg/m2 =_____mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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) • Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Cyclophosphamide** 1080 mg/m^2 = _____mg in 250ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6am and 12noon Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue)
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 L4	Rituximab-Etoposide-Vincristine-Doxorubicin-Cyclophosphamide Level 4	

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/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 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 86.4 mg/m2 =_____mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Vincristine 0.4 mg/m^2 = _____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/m^2 = _____ mg 1000ml NaCl 0.9% IV continuous over 24 hours On Days 1-4 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Cyclophosphamide** 1296 mg/m^2 = _____mg in 250ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6am and 12noon Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue)
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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/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 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 103.7 mg/m2 =_____mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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) • Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5. • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ **Prednisolone** 60 mg/m^2 = _____mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Normal Saline 84 mL/hour. Continue for 2 days post cyclophosphamide o Metoclopramide 10 mg PO/IV q6h PRN N/V o Filgrastim 300 mcg SC daily for 5 days (Daily injection until ANC >1x109/L for two consecutive days then discontinue) o At doses of cyclophosphamide above 1500mg/m2, pre-treatment is required with mesna. Give mesna dose equivalent to 20% of cyclophosphamide dose IV immediately before cyclophosphamide dose (T0) and 40% of the cyclophosphamide dose orally 2 and 6 hours (T2, T6) after the end of the cyclophosphamide infusion.
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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-6

Rituximab premedication:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/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 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 124.4 mg/m2 =_____mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mg NaCl 0.9% IV continuous infusion over 24 hours on days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ mg 1000 ml NaCl 0.9% IV continuous over 24 hours On Days 1-4
- Reason for dose modification: □ Hematology:_____ □ 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)

- Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 250 ml NaCl for IV infusion over 30min on Day 5.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 ml NaCl for IV infusion over 30min on Day 5.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Prednisolone 60 mg/m^2 = _____mg PO Twice daily (i.e. 6am and 12 noon) Day 1-5

- Dose Modification: _____% = _____ mg/m^2 = _____ 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Low Risk Disease: Patients receive three cycles of R-CODOX-M; High Risk Disease: treated with four cycles of chemotherapy consisting of alternating R-CODOX-M and R-IVAC) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other ___

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Netupitant 300 mg + palonosetron 500 microgram capsule Day 1
- Dexamethasone 12 mg PO/IV Day 1
- Granisetrone 1mg IV once daily Day 4-7

Rituximab premedication:

- Paracetamole 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

HDMTX:

- 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

Chemotherapy*

Cycles ___ of____:

riTUXimab 375mg/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 0

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cyclophosphamide 800 mg/m^2 = _____mg in 100-250 mL 0.9% NaCl IV infusion over 30 to 60 min.
Day1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100-250 mL 0.9% NaCl IV infusion over 30 to 60 min.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Doxorubicin 40 mg/m^2 = _____mg for IV Bolus over 2-15min.
Day1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg for IV Bolus over 2-15min.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Vincristine 1.5 mg/m^2 = _____mg (MAX= 2 mg) in 50 ml 0.9% NaCl IV infusion over 15min.
Day1 and Day 8

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50ml 0.9% NaCl IV infusion over 15min.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cyclophosphamide 200 mg/m^2 = _____mg in for IV Bolus over 5-15 min.
Day2-5

- Dose Modification: _____% = _____ mg/m^2 = _____ mg for IV Bolus over 5-15min
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Methotrexate 3 gm/m^2 = _____mg in 1000 ml 0.9% NaCl IV infusion over 24 hours.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in in 1000 ml 0.9% NaCl IV infusion over 24 hours.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Leucovorin 25 mg IV every 6 hours for 4 doses then PO until methotrexate level less than 0.1 micromol/L (Starting 36 hours after start of methotrexate infusion).
Administer initial doses, then, administer according to folinic acid rescue MTX level

Post-Chemotherapy Medications

- Dexamethasone 8 mg PO/IV daily Day 4-5
- 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-CODOX-M: can be repeated every 21 days either for 3 cycles (low risk) or 4 cycles alternating with R-IVAC (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:

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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	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:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

30 to 60 min prior to treatment:

- Dexamethasone 8 mg PO/IV Day 1-5
- Granisetrone 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:

- Paracetamole 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/m2 = _____mg in _____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines) on Day 0

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in ____ ml 0.9% NaCl for IV infusion at a maximum rate of 400mg/hr (infused as per hospital guidelines)
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Etoposide 60 mg/m^2 = _____mg in 500 ml 0.9% NaCl for IV infusion over 1 hour on Day 1-5

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 ml 0.9% NaCl for IV infusion over 1 hour
- Reason for dose modification: □ Hematology:_____ □ 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/m^2 = _____ mg IV Bolus over 10-15minutes before start of Ifosfamide infusion over 10-15minutes.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____ _____

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

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

MESNA 800 mg/m^2 = _____mg IV Bolus over 10-15 minutes 4 hours after start of Ifosfamide infusion on Day 1-5 .

- Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg IV Bolus over 10-15 minutes 8 hours after start of Ifosfamide infusion on Day 1-5 .

- Dose Modification: _____% = _____ mg/m^2 = _____ mg IV Bolus over 10-15 minutes 8 hours after start of Ifosfamide infusion over 10-15minutes.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytrarabine 2000 mg/m^2 = _____mg in 500ml 0.9% NaCl IV infusion over 3 hours TWICE daily on Days 1-2. Day1 and Day8

- Dose Modification: _____% = _____ mg/m^2 = _____ 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.

Bortizomib	**Bortizomib Maintenance**	
Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:		Cycle # of 4 Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:		
Pre-chemotherapy Checklist		
□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____		
Pre-Chemotherapy medications		
Chemotherapy*		
Bortizomib 1.3 mg/m^2 = _____mg SC on Day 1. • Dose Modification: _____% = _____ mg/m^2 = _____ mg SC on Day 1 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____		
Post-Chemotherapy Medications		
o Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting o 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:

1. 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.

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

KRD	CArfilzomib-Lenalidomide-Dexamethasone	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of 8 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

- Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15
- Normal Saline 500 mL over 30 minutes prior to carflizomib. 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Carfilzomib 56 mg/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 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 1,8,15,22.

- Dose Modification: _____% = _____ mg PO once daily on Day 1,8,15,22.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cycle 2-9:

Carfilzomib 56mg/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ 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 1,8,15,22.

- Dose Modification: _____% = _____ mg PO once daily on Day 1,8,15,22.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cycle 10-12:

Carfilzomib 56mg/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 1, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ 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
- Omperazole 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: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

o 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: □ Hematology:_____ □ Other Toxicity:_____

Cyclophosphamide 500 mg = _____mg PO on Day 1,8.

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

Dexamethasone 40 mg PO once daily on Day 1,8,15,22.

- Dose Modification: _____% = _____ mg PO on Day 1,8,15,22.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o Metoclopramide 10 mg PO q6h PRN nausea/vomiting
o Omperazole 20 mg PO daily
o Fluconazole 300 mg PO daily
o Valacyclovir 500 mg PO BID
o 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: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of 4 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

o 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg SC on Day 1,4,8,11.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cyclophosphamide 300 mg/m^2 = _____mg PO on Day 1,8,15.

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

Dexamethasone 40 mg PO once daily on Day 1,4,8,11.

- Dose Modification: _____% = _____ mg PO once daily on Day 1,4,8,11
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
o Omperazole 20 mg PO daily
o Valacyclovir 500 mg PO BID
o 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: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of 8 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

o Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15

Pre medication before Daratumumab:

- 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg SC on Day 1,4, 8,11.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 20 mg IV once daily on Day 1.

- Dose Modification: _____% = _____ mg IV once daily on Day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 20 mg PO once daily on Day 2,4,5,8,9,11,12.

- Dose Modification: _____% = _____ mg PO once daily on Day 2,4,5,8,9,11,12.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Daratumumab 16 mg/kg = _____mg in 1000 ml 0.9% NaCl (please refer to infusion instruction below) on day 1.

- Dose Modification: _____% = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

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

- 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: □ 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 protein binding filter.

Cycles 4-8:

Bortizomib 1.3 mg/m^2 = _____mg SC on Day 1,4,8,11.

- Dose Modification: _____% = _____ mg/m^2 = _____ 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: _____% = _____ mg/m^2 = _____ mg PO once daily on Day 1,2,4,5,8,9,11,12.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Daratumumab 16 mg/kg = _____mg in ____ 0.9% NaCl (please refer to infusion instruction below) on day 1.

- Dose Modification: _____% = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
- Omperazole 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	Verified by:	Signature:
	Prepared by:	Signature:
	Checked & dispensed by:	Signature:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

References:

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

DKD	Dratumumab-CArfilzomib-Dexamethasone	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of 8 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

o Ondansetron 8 mg PO/IV 30 minutes before chemotherapy on Day 1,8,15

Pre medication before Daratumumab:

- 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL D5W IV infusion over 30 minutes on Day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Carfilzomib 70 mg/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL D5W IV infusion over 30 minutes on Days 8, 15.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 40 mg IV once daily on Day 1.

- Dose Modification: _____% = _____ mg IV once daily on Day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 40 mg IV/PO once daily on Day 4,8,15,22.

- Dose Modification: _____% = _____ mg IV/PO once daily on Day 4,8,15,22.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Daratumumab 16 mg/kg = _____mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1.

- Dose Modification: _____% = _____ mg/kg = _____ mg in 1000ml 0.9% NaCl (please refer to infusion instruction below) on day 1.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

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

Patient information

- 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/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ 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/m^2 = _____mg in 100 mL D5W IV infusion over 30 minutes on Days 1,8, 15

- Dose Modification: _____% = _____ mg/m^2 = _____ 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.

• Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____ _____
Post-Chemotherapy Medications
o Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting o Omperazole 20 mg PO daily o Valacyclovir 500 mg PO BID o 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:

PD	Pomalidomide-Dexamethasone	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Na: K: Urine pH: Bilirubin: ALT: AST: Creatinine:	Cycle # of 8 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC & diff □ Platelets □ Bilirubin □ ALT □ Other _____

Pre-Chemotherapy medications

o 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.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg once daily PO on Day 1-21
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Dexamethasone 40 mg PO once daily on Day 1,8,15,22.

- Dose Modification: _____% = _____ mg/m^2 = _____ mg PO once daily on Day 1,8,15,22.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o Metoclopramide 10 mg PO/IV q6h PRN nausea/vomiting
o Omperazole 20mg PO daily
o Valacyclovir 500mg PO BID
o Sulfamethoxazole/Trimethoprim DS. 1 tab 3 times weekly. (Sat, Mon, Wed)
o Aspirin 81-100mg PO daily

Cycle length: Every 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:

ANC: Platelets: Hb:

Bilirubin: ALT: AST: Creatinine:

Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:

Cycle # of (Continues)
Delay treatment _____ week(s)
Date:
Time:
Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ Other _____

Pre-Chemotherapy medications

- For patients with WBC > 10,000/uL and < 50,000/uL after the start of therapy:
  - Give Hydroxyurea 500 mg PO QID, until WBC is < 10,000/Ul
- For patients with WBC > 50,000/uL after the start of therapy:
  - give Hydroxyurea 1000 mg PO QID, given until WBC is < 10,000/Ul
- Consider Differentation syndrome prophylaxis:
  - 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:
  - Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.

Chemotherapy*

Tretinoin 45 mg/m^2 =_____ mg PO in 2 divided doses: _____ AM _____ PM Continue to Day 60 if not in morphological complete remission at Day 28

- Dose Modification: _____% = _____ mg/m^2 = _____ mg PO in 2 divided doses: _____ AM _____PM
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Arsenic Trioxide 0.15 mg/kg =_____mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours Continue to Day 60 if not in morphological complete remission at Day 28

- Dose Modification: _____% = ____ mg/kg = _____ mg in ____ml 0.9% NaCl intravenous infusion over 2 hours
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. o Pantoprazole 20 mg PO daily o Initiate Dexamethasone 10 mg every 12 hours for at least 3 days at the earliest manifestations of suspected differentiation syndrome
Cycle length: 28 – 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ Other _____

Pre-Chemotherapy medications

Give 30-60 minutes prior to chemotherapy on day 2-8
- Ondansetron 16 mg IV once
- Dexamethasone 12mg IV once 30 minutes prior to chemotherapy on day 2,4, 6 and 8

Give hydroxyurea in case of:
- For patients with WBC > 10,000/uL and < 50,000/uL after the start of therapy:
  - Give Hydroxyurea 500 mg PO QID, until WBC is < 10,000/Ul
- For patients with WBC > 50,000/uL after the start of therapy:
  - give Hydroxyurea 1000 mg PO QID, given until WBC is < 10,000/Ul
- Consider Differentiation syndrome prophylaxis:
  - Prednisolone 0.5 mg/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:
  - 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Arsenic Trioxide 0.15 mg/kg=_____mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours daily on days 9-36
- Dose Modification: _____% = _____ mg/kg = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours daily on days 9-36
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion. o Pantoprazole 20 mg PO daily o Initiate Dexamethasone 10 mg every 12 hours for at least 3 days at the earliest manifestations of suspected differentiation syndrome
Cycle length: 28 days

***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 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG □ Lipid Profile
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ Other ____

Pre-Chemotherapy medications

o 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.

Cycle length: 28 days

*For dose modification, refer to Cancer Drug references.

Physician Name:		Signature:
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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG □ Lipid Profile
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ Other _____

Pre-Chemotherapy medications

o 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

o 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG □ Lipid Profile
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ Other _____

Pre-Chemotherapy medications

- 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: □ Hematology: _____ □ Other Toxicity: _____

Arsenic Trioxide 0.15 mg/kg=_____mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours daily for 5 days in 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: □ Hematology: _____ □ 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 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of 8 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Daily ECG □ Lipid Profile
□ Daily Weight □ Throughout treatment, maintain K level> 4.0 mmol/L, Mg level 0.9 mmol/L □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ 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: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.
o 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

Cladribine	Hairy Cell Leukemia Using Cladribine	
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		
□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ 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: □ Hematology:_____ □ Other Toxicity:_____		
Post-Chemotherapy Medications		
o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other ___

Pre-Chemotherapy medications

- 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 mg/m^2= _____ mg in 0.9% NaCl to final concentration 1mg/ml intravenous infusion weekly for 8 weeks

- First Rituximab infusion: Start at 50 mg/hour for 30 minutes and increase by 50 mg/hour every 30 minutes as tolerated to a maximum of 400 mg/hr. If a reaction occurs, follow reaction management instructions
- Subsequent Infusions: Start at 100 mg/hour for 30 min and increase by 100mg/hour every 30 minutes to a maximum of 400 mg/hr. If a reaction occurs, follow reaction management instructions

Cladribine 0.15 mg/kg = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours on days 1 to 5
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- 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

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Patient information

FA	Fludarabine and Cytarabine	
Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:		Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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:
  - 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.

- Dose Modification: _____% = _____ 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.
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytarabine 2000 mg/m2=_____mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days

- Dose Modification: _____% = _____ mg/m^2 = _____ mg intravenous infusion over 3 hours on days 1 to 5
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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.

CLAG +/- Mitoxantrone	Filgrastim, Cladribine, Cytarabine +/- Mitoxantrone	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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:
  - 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 500 mL 0.9% NaCl intravenous infusion over 2 hours.
- Reason for dose modification: □ Hematology:_____ □ 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours on days 1 to 5
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Mitoxantrone 10 mg/m^2 = _____mg intravenous push over 5 minutes on days 1-3

- Dose Modification: _____% = _____ mg/m^2 = _____ mg intravenous push over 5 minutes on days 1-3
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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]

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Ministry of Health

Patient information

MEC	Mitoxantrone, Etoposide and Cytarabine	
Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:		Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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:
  - 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 6
- Reason for dose modification: □ Hematology:_____ □ 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

- Dose Modification: _____% = _____ 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
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytarabine 1000 mg/m2=_____mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 6

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 6
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other

Pre-Chemotherapy medications

- 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*

Daunorubicin 60 mg/m^2 = _____mg intravenous push over 5 minutes on days 1-3

- Dose Modification: _____% = _____ mg/m^2 = _____ mg intravenous push over 5 minutes on days 1-3
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytarabine 100 mg/m^2=_____mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Midostaurin 50 mg twice daily on days 8 – 21 (FLT3 positive patient)

- Dose Modification: _____% = _____ mg on days 8 – 21
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Gemtuzumab 3 mg/m^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)

- 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: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications
o Dexamethasone 8 mg PO daily on days 8 & 9 o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Voriconazole 200 mg PO bid until resolution of neutropenia. o 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg intravenous push over 5 minutes on days 1-3
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Cytarabine 100 mg/m^2=_____mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1-7
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Midostaurin 50 mg twice daily on days 8 – 21 (FLT3 positive patient)

- Dose Modification: _____% = _____ mg on days 8 – 21
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Gemtuzumab 3 mg/m^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)

- 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: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

o Dexamethasone 8 mg PO daily on days 8 & 9 o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Voriconazole 200 mg PO bid until resolution of neutropenia. o 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:		Cycle # of 1 Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _

Pre-Chemotherapy medications

30 min prior to inotuzumab ozogamicin infusion on days 1, 8 and 5

- Paracetamol 1000 mg PO 30 minutes prior to start of inotuzumab ozogamicin infusion
- Diphenhydramine 50 mg IV 30 minutes prior to start of inotuzumab ozogamicin infusion
- Hydrocortisone 100 mg IV 30 minutes prior to start of inotuzumab ozogamicin infusion

Chemotherapy*

Cycle 1 (21 – 28 days)

Inotuzumab Ozogamicin 0.8 mg/m2 = _____mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____

Inotuzumab Ozogamicin 0.5 mg/m^2 = _____mg in 50 mL 0.9% NaCl over 60 minutes on days 8 and 15

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50 mL 0.9% NaCl over 60 minutes on days 8 and 15
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____

Cycle 2 – 6 (28 days)

☐ ***Patient who DID NOT achieve CR or CRi:***

Inotuzumab Ozogamicin 0.8 mg/m^2 = _____mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on day 1
- Reason for dose modification: □ Hematology: _____ □ 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 8 and 15
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____

☐ ***Patient who DID achieved CR or CRi:***

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

• Dose Modification: _____% = _____ mg/m^2 = _____ mg in 50 mL 0.9% NaCl intravenous infusion over 60 minutes on days 1, 8 and 15 • Reason for dose modification: □ Hematology: _____ □ Other Toxicity:_____
Post-Chemotherapy Medications
o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment o Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly o **Ursodeoxycholic Acid** (Start prior to initiating inotuzumab ozogamicin treatment) • 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 o 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- Ondansetron 16 mg IV once 30 to 60 min prior to azacitadine treatment on days 1-7
- Dexamethasone 12 mg PO/IV 30 to 60 min prior to azacitadine treatment on days 1-7
- 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*

Azacitadine 75 mg/m^2 = _____mg subcutaneous over 5 minutes on days 1-7

- Dose Modification: _____% = _____ mg/m^2 = _____ mg subcutaneous over 5 minutes on days __ to __
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Venetoclax

Cycle 1:

Venetoclax 100 mg PO once on day 1
Venetoclax 200 mg PO once on day 2
Venetoclax 400 mg PO once on day 3 - 28

Cycle 2:

Venetoclax 400 mg daily

- Dose Modification: _____% = _____ mg
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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:
  - 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 100 mL 0.9% NaCl intravenous infusion over 30 minutes on days 1 to 5
- Reason for dose modification: □ Hematology:_____ □ 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1 to 5
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Idarubicin 10 mg/m^2 = _____mg intravenous push over 5 minutes on days 1-3

- Dose Modification: _____% = _____ mg/m^2 = _____ mg intravenous push over 5 minutes on days 1-3
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- 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:
  - 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

- Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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

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Patient information

iDAC	intermediate Dose Cytarabine	
Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:		Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:
Diagnosis:		
Pre-chemotherapy Checklist		
□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____		
Pre-Chemotherapy medications		
o Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 1-7 o Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 1 and day 4 only o Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on day 1-7 o Dexamethasone 0.1% eye 2 drops in each eye every 4 hours during and for 5 days after cytarabine infusion. o Consider tumor lysis syndrome prophylaxis: o Allopurinol 300 mg po 24-48 hours prior chemotherapy and continue for up to 3 to 7 days after chemotherapy.		
Chemotherapy*		
Cytarabine 1000 mg/m2=_____mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5 • Dose Modification: _____% = _____ mg/m^2 = _____ mg in 250 mL 0.9% NaCl intravenous infusion over 3 hours twice daily on days 1, 3 and 5 • Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____		
Post-Chemotherapy Medications		
o Dexamethasone 8 mg PO daily on days 6 & 7 o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Voriconazole 200 mg PO bid until resolution of neutropenia. o Acyclovir 400 mg PO bid for duration of treatment and may for 3 months after completion.		
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

Azacitidine	High risk Mylodesplastic Syndrome using Azacitidine	

Wt: Ht: BSA: BMI: ANC: Platelets: Hb: Bilirubin: ALT: AST: Creatinine: Baseline Echo (Date):__/__/___ EF%: Last Echo (Date):__/__/__ EF%:	Cycle # of (Continues) Delay treatment _____ week(s) Date: Time: Location:

Diagnosis:

Pre-chemotherapy Checklist

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

- Ondansetron 16 mg IV 30 min prior to azacitadine on days 1-7
- Dexamethasone 12 mg PO/IV once 30 min prior to azacitadine on days 1-7
- 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*

Azacitadine 75 mg/m^2 = _____mg subcutaneous over 5 minutes on days 1-7

- Dose Modification: _____% = _____ mg/m^2 = _____ mg subcutaneous over 5 minutes on days 1-7
- Reason for dose modification: □ Hematology:_____ □ Other Toxicity:_____

Post-Chemotherapy Medications

- 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.

Patient information

HperCVAD Phase A	HyperCVAD Phase A	
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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other __

Pre-Chemotherapy medications

30 to 60 min prior to chemotherapy on day 1-7

- o Olanzapine 5 mg PO once 30 minutes prior to chemotherapy on day 4-7
- o Netupitant 300 mg/palonosetron 0.5 mg PO 1 hour prior to chemotherapy on day 4 only
- o 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: □ Hematology: _____ □ 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: □ Hematology:_____ □ 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: □ Hematology: _____ □ 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)

□ Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14

Post-Chemotherapy Medications

- o Metoclopramide 10 mg PO q6h PRN nausea/vomiting
- o Dexamethasone 8 mg PO daily on days 5-7
- o Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment
- o Fluconazole 300 mg once daily throughout the neutropenia
- o Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly
  - □ Allopurinol 300 mg PO daily on days 1-7
  - □ filgrastim 300 mcg Subcutenously 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: 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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other __

Pre-Chemotherapy medications

30 to 60 min prior to chemotherapy on day 1-7

- Ondansetron 16 mg once 30 minutes prior to chemotherapy on day 1-3
- Dexamethasone 12 mg IV once 30 minutes prior to chemotherapy on days 1-3

Pre-methotrexate:

- 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
- Sodium Bicarbonate 1300 mg PO q4h. Start the day prior to methotrexate administration; continue until methotrexate level is less than 0.1 micromol/L
- Obtain urine pH q6h until methotrexate is less than 0.1 micromol/L
- Methotrexate levels daily. Start 24 hours after beginning methotrexate infusion and until methotrexate level < 0.1 micromol.

Chemotherapy*

Methotrexate 1000 mg/m² = _____mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1

- Dose Modification: _____% = _____ mg/m² = _____ mg in 1000 mL 0.9% NaCl intravenous infusion over 24 hours on day 1
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Cytarabine 3000 mg/m²=_____mg in 250 mL 0.9% NaCl intravenous infusion over 2 hours twice daily on days 2 & 3

- 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: □ Hematology:_____ □ Other Toxicity:_____

Leucovorin 25 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

- 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: □ Hematology: _____ □ 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)

□ Patient with Philadelphia positive ALL: Dasatinib 100 mg PO daily on days 1-14

Post-Chemotherapy Medications
o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Dexamethasone 0.1% or Prednisone Forte eye drops 2 drops each eye Q6h to start 12h Pre-Cytarabine and continue until day 6 (i.e. 3 days after completion of AraC) o Dexamethasone 8 mg PO daily on days 5-6 o Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment o Fluconazole 300 mg once daily throughout the neutropenia o Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly □ Allopurinol 300 mg PO daily on days 1-7 □ filgrastim 300 mcg Subcutaneously daily on days _____
Cycle length: 21 days (Cycles 2,4,6,&8)

*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:

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: 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		
□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other __		
Pre-Chemotherapy medications		
60 min prior to blinatumomab infusion on days 1 and 8 o Dexamethasone 20 mg IV once (Repeat dexamethasone dose prior to restarting blinatumomab if an infusion interruption of more than 4 hours occurs)		
Chemotherapy*		
o If patient weight is ≥ 45kg Blinatumomab 9 mcg = _____mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 • Dose Modification: ____% = ____ mcg/m^2 = _____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 • Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____ Blinatumomab 28 mcg = _____mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 • Dose Modification: ____% = _____ mcg/m^2 = ____ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 • Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____ o If patient weight is < 45kg Blinatumomab 5 mcg/m^2 = _____mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 • Dose Modification: _____% = _____ mcg/m^2 = ___ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 1 – 7 • Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____ Blinatumomab 15 mcg/m^2 = _____mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 • Dose Modification: _____% = _____ mcg/m^2 = ___ mcg in 250 mL 0.9% NaCl intravenous infusion over 24 hours on days 8-28 • Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____		
Post-Chemotherapy Medications		
o Metoclopramide 10 mg PO q6h PRN nausea/vomiting o Acyclovir 400 mg PO twice daily throughout the cycle and 3 months after finishing treatment o Sulfamethoxazole/Trimethoprim double strength 1 tablet PO three times weekly o 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.

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Ministry of Health

Patient information

Blinatumomab MRD+	Blinatumomab MRD+	

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

□ CBC-diff □ Chem Panel □ Liver Enzymes □ Cardiac Function □ N/V control prior cycle □ Other _____

Pre-Chemotherapy medications

60 min prior to blinatumomab infusion on days 1 and 8

- Dexamethasone 20 mg IV once (Repeat dexamethasone dose prior to restarting blinatumomab if an infusion interruption of more than 4 hours occurs)

Chemotherapy*

- If patient weight is ≥ 45kg

Blinatumomab 28 mcg = _____mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28

- Dose Modification: _____% = _____ mcg/m^2 = _____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

- If patient weight is < 45kg

Blinatumomab 15 mcg/m^2 = _____mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28

- Dose Modification: _____% = ____ mcg/m^2 = ____ mcg in 250 ml 0.9% NaCl intravenous infusion over 24 hours on days 8-28
- Reason for dose modification: □ Hematology: _____ □ Other Toxicity: _____

Post-Chemotherapy Medications

- Metoclopramide 10 mg PO q6h PRN nausea/vomiting
- 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
  - 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:
Nursing	Checked & received by:	Signature:
	Administered by:	Signature:

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