



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUAVPGPMB

DATE:	
CHEMOTHERAPY:	
<p>pembrolizumab 2 mg/kg x _____ kg = _____ mg (max. 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter Day 1</p> <p>gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8</p> <p>CISplatin 75 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour Day 1</p> <p>OR</p> <p>CARBOplatin AUC 5 or 6 (circle one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 (Reminder: if using CARBOplatin, must use gemcitabine 1000 mg/m²)</p>	
DOSE MODIFICATION FOR DAY 8	
<p>gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m² x BSA = _____ mg IV in 250 mL NS over 30 minutes</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment</p> <p>CBC & Diff, Platelets, Creatinine prior to Day 8</p> <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray</p> <p><input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential</p> <p><input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> Weekly nursing assessment</p> <p><input type="checkbox"/> Other consults</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: