

**Methotrexate 30 - vinBLASTine 3
- DOXOrubicin 30 - CISplatin 70**

(Part I)

ARIA Protocol Name: M-VAC-HD

Adult Chemotherapy - Medical Oncology

Urothelial Cancer Therapy



CC3330 0144 12 2020

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

☐ No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle of

Cycle Duration: 14 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- ☐ metoclopramide 10 mg PO on day 1
- ☐ fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes on day 2
- ☐ ondansetron 16 mg PO on day 2
- ☐ dexamethasone 12 mg PO on day 2
- ☐ Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- ☐ normal saline 1000 mL IV hydration over 60 minutes pre-CISplatin on day 2.

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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Doctor's Order Sheet

M-VAC HD Regimen:

Methotrexate 30 - vinBLAStine 3

- DOXOrubicin 30 - CISplatin 70

(Part II)

ARIA Protocol Name: M-VAC-HD

Adult Chemotherapy - Medical Oncology

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Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **methotrexate 30 mg/m² X BSA = _____ mg**

☐ Dose modification: **methotrexate 30 mg/m² X BSA - _____ % = _____ mg**

IV in 50 mL normal saline over 30 minutes on day 1

☐ **vinBLAStine 3 mg/m² X BSA = _____ mg**

☐ Dose modification: **vinBLAStine 3 mg/m² X BSA - _____ % = _____ mg**

IV in 50 mL normal saline over 15 minutes on day 2

☐ **DOXOrubicin 30 mg/m² X BSA = _____ mg**

☐ Dose modification: **DOXOrubicin 30 mg/m² X BSA - _____ % = _____ mg**

IV push on day 2

☐ **CISplatin 70 mg/m² X BSA = _____ mg + mannitol 25 grams**

☐ Dose modification: **CISplatin 70 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams**

IV in 500 mL normal saline infused at 1 mg/min on day 2

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **magnesium sulfate 2 grams and potassium chloride 20 mEq IV in 1000 mL normal saline over 120 minutes post-CISplatin on day 2**

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

☐ **filgrastim (Brand: _____) _____ mcg subcutaneous daily on days 4 to 10**

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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