

**nivolumab 360 mg -
PACLitaxel 175 -
CARBOplatin AUC 5 -
Regimen (Part I)**

ARIA Protocol Name: Nivo360 Pac175 CarbAUC5 - Compassionate
Adult Chemotherapy - Medical Oncology
Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)



CC5290 0339 06 2023

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
Cycle of **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
- Creatinine Clearance assessed.
- LFTs and Bilirubin assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL normal saline over 15 minutes on day 1

30 minutes prior to PACLitaxel: famotidine 20 mg IV in 100 mL normal saline over 15 minutes on day 1.

Administer concurrently with diphenhydrAMINE via y-site.

30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV in 50 mL normal saline over 15 minutes on day 1.

Administer concurrently with famotidine via y-site.

30 minutes prior to CARBOplatin: ondansetron 8 mg PO on day 1

Other: _____

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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet
**nivolumab 360 mg -
PACLitaxel 175 -
CARBOplatin AUC 5 -
Regimen (Part II)**

ARIA Protocol Name: Nivo360 Pac175 CarbAUC5 - Compassionate
Adult Chemotherapy - Medical Oncology
Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)

Name: _____

HCN: _____

Date of Birth: _____



CC5290 0339 06 2023

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

nivolumab 360 mg

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

PACLitaxel 175 mg/m² X BSA = _____ mg

Dose modification: **PACLitaxel 175 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL normal saline PVC Free over 180 minutes on day 1

CARBOplatin AUC 5 = _____ mg

Dose modification: **CARBOplatin AUC 5 - _____ % = _____ mg**

IV in 250 mL normal saline over 30 minutes on day 1

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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.