

Doctor's Order Sheet

**pembrolizumab 2 mg/kg -
PACLitaxel 175 -**

CARBOplatin AUC 5 - Zirabev® (bevacizumab) 15 mg/kg

Regimen: (Part I) Cycles 1-6

ARIA Protocol Name: pembrolizumab2 PACLitaxel175 CARBOplatin AUC5
bevacizumab15

Adult Chemotherapy - Gynecologic Oncology

Persistent, Recurrent or Metastatic Cervical Cancer Treatment



CC5360 0346 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** 1.0 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Gynecologic Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.
- Blood pressure assessed.
- Dipstick urine or laboratory urinalysis for protein 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: 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 PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1
Administer concurrently with diphenhydrAMINE via y-site.
- 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

**pembrolizumab 2 mg/kg -
PACLitaxel 175 -**

**CARBOplatin AUC 5 - Zirabev®
(bevacizumab) 15 mg/kg**

Regimen: (Part II) Cycles 1-6

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bevacizumab15

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Persistent, Recurrent or Metastatic Cervical Cancer Treatment

Name: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

pembrolizumab 2 mg/kg X Weight (kg) = _____ mg (maximum dose 200mg)

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

Zirabev® (bevacizumab) 15 mg/kg X Weight (kg) = _____ mg

Dose modification: **Zirabev® (bevacizumab) 15 mg/kg X weight (kg) - _____% = _____ mg**

IV in 100 to 250 mL normal saline on day 1 over:

— **60 minutes during Cycle 1;**

— **If tolerated without reaction - 30 minutes during Cycle 2 and all other cycles**

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

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