

Doctor's Order Sheet  
**pembrolizumab 2 mg/kg -  
 PACLitaxel 175 - CISplatin 50  
 - Zirabev® (bevacizumab)**

**15 mg/kg Regimen: (Part I) Cycles 1-6**

**ARIA Protocol Name: pembrolizumab2 PACLitaxel175 CISplatin50 bevacizumab15**

Adult Chemotherapy - Gynecologic Oncology

Persistent, Recurrent or Metastatic Cervical Cancer Treatment



CC5380 0348 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 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Gynecologic Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.
- Dipstick urine or laboratory urinalysis for protein assessed.
- Thyroid function 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
- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 2
- ondansetron 8 mg PO** on day 2
- dexamethasone 8 mg PO** on day 2
- Other: \_\_\_\_\_

**HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):**

- sodium chloride 0.9% 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 #: \_\_\_\_\_

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

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

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Doctor's Order Sheet

**pembrolizumab 2 mg/kg -  
PACLitaxel 175 - CISplatin 50  
- Zirabev® (bevacizumab)**

**15 mg/kg Regimen: (Part II) Cycles 1-6**

**ARIA Protocol Name: pembrolizumab2 PACLitaxel175 CISplatin50 bevacizumab15**

Adult Chemotherapy - Gynecologic Oncology

Persistent, Recurrent or Metastatic Cervical Cancer Treatment



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Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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/m<sup>2</sup> X BSA = \_\_\_\_\_ mg on day 1**  
 Dose modification: **PACLitaxel 175 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
IV in 500 mL normal saline PVC Free over 180 minutes on day 1
- CISplatin 50 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg + mannitol 25 grams**  
 Dose modification: **CISplatin 50 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg + mannitol 25 grams**  
IV in 500 mL normal saline infused at 1 mg/min on day 2
- Zirabev® (bevacizumab) 15 mg/kg X weight (kg) = \_\_\_\_\_ mg on day 2**  
 Dose modification: **Zirabev® (bevacizumab) 15 mg/kg X weight (kg) - \_\_\_\_\_ % = \_\_\_\_\_ mg**  
IV in 100 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

**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

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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