



Doctor's Order Sheet

**pembrolizumab 2 mg/kg -  
DOCEtaxel 75 -**

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

Regimen: (Part I) Cycle 7 +

**ARIA Protocol Name:** pembrolizumab2 DOCEtaxel 75 CARBOplatin AUC5  
bevacizumab15

Adult Chemotherapy - Gynecologic Oncology

Persistent, Recurrent or Metastatic Cervical Cancer Treatment



CC6820 0502 08 2024

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**  $1.0 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , 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):**

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 -  
DOCEtaxel 75 -**

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

Regimen: (Part II) Cycles 7 +

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bevacizumab15

Adult Chemotherapy - Gynecologic Oncology

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

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

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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

**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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Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

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

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