

Doctor's Order Sheet

**DOXOrubicin 40 -
etoposide 100 - CISplatin 40 -
mitotane 500 mg**

Regimen (Part I)

ARIA Protocol Name: DOXOrubicin 40 Etoposide 100 Cisplatin 40 Mitotane

Adult Chemotherapy - Medical Oncology

Metastatic Adrenocortical Cancer



CC7030 0523 11 2024

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle of **Cycle Duration: 28 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):

- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 1
- ondansetron 8 mg PO** on days 1-3
- dexamethasone 8 mg PO** on days 1-3
- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- cortisone 25 mg PO** daily in the morning for 28 days
- cortisone 12.5 mg PO** daily in the evening for 28 days
- fludrocortisone 0.1 mg PO** daily in the morning for 28 days
- 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: _____

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Doctor's Order Sheet

DOXOrubicin 40 -

**etoposide 100 - CISplatin 40 -
mitotane 500 mg Regimen (Part II)**

ARIA Protocol Name: DOXOrubicin 40 Etoposide 100 Cisplatin 40 Mitotane

Adult Chemotherapy - Medical Oncology

Metastatic Adrenocortical Cancer



CC7030 0523 11 2024

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

Name: _____

HCN: _____

Date of Birth: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

normal saline 1000 mL IV hydration over 60 minutes pre-CISplatin on day 1 and 2

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

DOXOrubicin 40 mg/m² X BSA = _____ mg

Dose modification: **DOXOrubicin 40 mg/m² X BSA - _____ % = _____ mg**

IV push on day 1

etoposide 100 mg/m² X BSA = _____ mg

Dose modification: **etoposide 100 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL PVC Free bag over 45 minutes on days 1, 2 and 3

CISplatin 40 mg/m² X BSA = _____ mg + mannitol 25 grams

Dose modification: **CISplatin 40 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams**

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

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

mitotane _____ mg PO four times a day for 28 days

** mitotane starting total daily dose is 2 grams daily in 4 divided doses; then escalate dose by 1 gram per day once every 1-2 weeks to maximum tolerated dose.

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist.

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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