

Doctor's Order Sheet
**dostarlimab 500 mg -
 PACLitaxel 175 -
 CARBOplatin AUC 5**

Regimen (Part 1)

ARIA Protocol Name: dostarlimab500 Pac175 CarbAUC5 - Endometrial

Adult Chemotherapy - Gynecologic Oncology

Primary Advanced or Recurrent dMMR/MSI-H Endometrial Cancer Treatment



CC7170 0537 02 2025

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.
- LFTs and Bilirubin assessed.
- Creatinine clearance 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

**dostarlimab 500 mg -
PACLitaxel 175 -
CARBOplatin AUC 5**

Regimen (Part II)

ARIA Protocol Name: dostarlimab500 Pac175 CarbAUC5 – Endometrial
Adult Chemotherapy - Gynecologic Oncology

Primary Advanced or Recurrent dMMR/MSI-H Endometrial Cancer Treatment

Name: _____

HCN: _____

Date of Birth: _____



CC7170 0537 02 2025

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

dostarlimab 500 mg

IV in 100 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.