

Doctor's Order Sheet
**pembrolizumab 2 mg/kg -
 Abraxane® (nab-PACLitaxel)
 260 - CISplatin 50 - Zirabev®**

Name: _____
 HCN: _____
 Date of Birth: _____

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

ARIA Protocol Name: pembrolizumab2 Abraxane260 CISplatin50 bevacizumab15

Adult Chemotherapy - Gynecologic Oncology

Persistent, Recurrent or Metastatic Cervical Cancer Treatment



CC7200 0541 03 2025

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.
- Dipstick urine or laboratory urinalysis for protein assessed.
- Thyroid function assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

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

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- sodium chloride 0.9% 1000 mL IV** hydration over 60 minutes pre-CISplatin 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: _____

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Doctor's Order Sheet

**pembrolizumab 2 mg/kg -
Abraxane® (nab-PACLitaxel)
260 - CISplatin 50 - Zirabev®**

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

ARIA Protocol Name: pembrolizumab2 Abraxane260 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
- Abraxane® (nab-PACLitaxel) 260 mg/m² X BSA = _____ mg**
 Dose modification: **Abraxane® (nab-PACLitaxel) 260 mg/m² X BSA - _____ % = _____ mg**
IV in empty Viaflex bag over 30 minutes on day 1
- CISplatin 50 mg/m² X BSA = _____ mg + mannitol 25 grams**
 Dose modification: **CISplatin 50 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams**
IV in 500 mL normal saline infused at 1 mg/min on day 1
- Zirabev® (bevacizumab) 15 mg/kg X weight (kg) = _____ mg on day 1**
 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 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: _____

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