

Name: _____

HCN: _____

Date of Birth: _____

durvalumab 1500 mg -

CISplatin 70 - gemcitabine 1000

Regimen (Part I): Cycles 1-4

ARIA Protocol Name: Durvalumab 1500mg CISplatin70 Gem1000 - Compassionate

Adult Chemotherapy - Medical Oncology

Neoadjuvant Bladder Cancer Therapy



CC8050 0625 01 2026

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** $1 \times 10^9/L$ 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 day 1
- dexamethasone 8 mg PO** on day 1
- metoclopramide 10 mg PO** on day 8
- 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

**Durvalumab 1500 mg - CISplatin
70 - gemcitabine 1000**

Regimen (Part II): Cycles 1-4

ARIA Protocol Name: Durvalumab 1500mg CISplatin70 Gem1000 - Compassionate

Adult Chemotherapy - Medical Oncology

Neoadjuvant Bladder Cancer Therapy



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

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

durvalumab 1500 mg IV in 100 mL normal saline over 60 minutes on day 1

gemcitabine 1000 mg/m² X BSA = _____ mg

Dose modification: gemcitabine 1000 mg/m² X BSA - _____ % = _____ mg

IV in 250 mL normal saline over 30 minutes on days 1 and 8

CISplatin 70 mg/m² X BSA = _____ mg + mannitol 25 grams

Dose modification: CISplatin 70 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams

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

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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