

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

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

Date of Birth: \_\_\_\_\_

**Durvalumab 1500 mg - CISplatin - 35 -  
gemcitabine 1000**

Regimen (Part I): Cycles 1-4

**ARIA Protocol Name:** Durvalumab 1500mg CISplatin35 Gem1000 - Compassionate

Adult Chemotherapy - Medical Oncology

Neoadjuvant Bladder Cancer Therapy



CC8070 0627 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 days 1 and 8

**ondansetron 8 mg PO** on days 1 and 8

**dexamethasone 8 mg PO** on days 1 and 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: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

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

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

Date of Birth: \_\_\_\_\_

**Durvalumab 1500 mg - CISplatin - 35 -  
gemcitabine 1000**

Regimen (Part II): Cycles 1-4

**ARIA Protocol Name:** Durvalumab 1500mg CISplatin35 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 days 1 and 8

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

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

**gemcitabine 1000 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg

Dose modification: **gemcitabine 1000 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg

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

**CISplatin 35 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg + **mannitol 25 grams**

Dose modification: **CISplatin 35 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg + **mannitol 25 grams**

**IV** in 500 mL normal saline infused at 1 mg/min on days 1 and 8

**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 days 1 and 8

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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