



BC Cancer Agency

CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: LYRITB

Class II Drug: Indication for use of **Tositumomab** (Check one):

Relapsed indolent lymphoma (including follicular, small lymphocytic, lymphoplasmacytic, marginal zone or transformed lymphoma)

For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

Tositumomab Priming for ¹³¹I Tositumomab (Bexxar)

DOCTOR'S ORDERS Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ To be given: _____ Cycle #: _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)
 CBC & Diff, Platelets day of treatment
Dose modification for: **Hematology** **Other Toxicity** _____
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.
Thyroid Protection must start 24 hrs before the day 1 Tositumomab and continue for 14 days after Therapeutic Dose:
 MD confirmed patient taking Iodine Supplementation
Acetaminophen 650-1000 mg PO pre-Tositumomab
DiphenhydrAMINE 50 mg PO pre-Tositumomab
 Other: _____

**** Have Hypersensitivity Reaction Tray and Protocol Available ****

TREATMENT:
Tositumomab 450 mg IV in total volume of 50 mL NS over 60 minutes on _____ (date) (dosimetric dose: day 1) and _____ (date) (therapeutic dose: **7-14 days** after dosimetric dose). Attach a 0.22 micron filter to distal end of IV tubing prior to infusion.
Leave filter in place and cap line for transfer to Nuclear Medicine Dept
If BP falls to less than 80/50 or pulse increases to greater than 120 or if flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop infusion and page physician.

RETURN APPOINTMENT ORDERS

Book chemo for the dosemetic dose (day 1) and for the therapeutic dose (**7-14 days** later)
(Note: to be coordinated with Nuclear Medicine)
RTC to Rad Onc in _____ weeks.

Before dosimetric dose (day 1): CBC & diff, platelets, creatinine, bilirubin, AST, ALT
Before therapeutic dose: CBC & diff, platelets
 If clinically indicated: **Potassium**
Post Therapeutic Dose: CBC & diff, platelets weekly x 12 weeks
 Other tests:
 Consults:
 See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____ SIGNATURE: _____
UC: _____