PROTOCOL CODE: UGIPRRT

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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

DATE: **To be given:** **Cycle(s) #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **CBC and Diff, Platelets, creatinine** day of treatment
May proceed with doses as written if within 14 days **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L, Creatinine Clearance greater than or equal to 50 mL/min.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.
ondansetron 8 mg ☐ PO or ☐ IV prior to 2.5% Lys-Arg amino acid infusion treatment
☐ **Other:**

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

TREATMENT: (to be delivered at BC Cancer Vancouver Centre only)

2.5% Lys-Arg Amino Acid IV infuse at a rate of 250 mL/hr
If 30 minutes, begin concomitant infusion of ^{177}Lu-Dotatate (LUTATHERA) and continue infusion for at least 3 hours after ^{177}Lu-Dotatate (LUTATHERA) infusion.

Start ^{177}Lu-Dotatate (LUTATHERA) 30 minutes after the start of 2.5% Lys-Arg Amino Acid infusion.

☐ **^{177}Lu-Dotatate (LUTATHERA) 7.46 GBq/200 mCi** IV over 30 minutes x every 8 weeks
☐ **Dose Modification: ^{177}Lu-Dotatate (LUTATHERA) 3.7 GBq/100 mCi** IV over 30 minutes x every 8 weeks
Initiate infusion at 50 mL/hr-100 mL/hr for 5-10 min, then increase infusion rate to 200 mL/hr – 300 mL/hr until done.
Continue infusion until the level of radioactivity in the vial becomes stable for at least five minutes.

Patient must be kept in radiation isolation for a period of 4-5 hours following administration of ^{177}Lu-Dotatate (LUTATHERA) and discharge dose rate must be less tan 25 microSv/hr at 1 meter distance.
Please contact PET department at 675902/ 675953/ 675951 and Radiation Safety Officer if spill occurs.

Nuclear Medicine Technician will not remove IV until patient is discharged. Patient may be discharged at the discretion of the Nuclear Medicine Technician after the radiation isolation period is complete.

For symptoms of carcinoid flare such as diarrhea, flushing, hypotension, bronchoconstriction or unstable vitals:
octreotide 100 mcg ☐ subcutaneously x **1 STAT.** May repeat x 1 (total dose 200 mcg SC)
OR **octreotide** 200 mcg ☐ subcutaneously x **1 STAT.** Call MD after 1st dose of octreotide.
Then ☐ **octreotide** 100 mcg subcutaneously **or** ☐ **octreotide** 200 mcg subcutaneously every 1 hour PRN.

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **six** weeks for Doctor (medical oncology) and Cycle _____ ☐ Last Cycle. Return in _____ week(s)	
CBC & Diff, Platelets, Creatinine, Sodium, Potassium, Calcium, Magnesium, BUN, Uric Acid, Albumin, Bilirubin, ALT, Alkaline Phosphatase, GGT, LDH, Random Glucose and TSH two weeks prior to each cycle (prior to doctor's appointment) ☐ **INR** weekly ☐ **INR** prior to each cycle ☐ **PT** prior to each cycle ☐ **CgA** ☐ **HbA1c** ☐ **T3** ☐ **T4** ☐ **ECG** ☐ **Other tests :** ☐ Weekly Nursing Assessment for (specific concern):_____ ☐ Consults: ☐ See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**