



Provincial Health Services Authority

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

PROTOCOL CODE: UGUPLVT

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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:					
<input type="checkbox"/> Delay treatment _____ week(s)					
<input type="checkbox"/> CBC & Diff, creatinine day of treatment					
May proceed with doses as written if within 1 week ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$, creatinine less than $1.4 \times$ baseline and less than $1.5 \times$ ULN, creatinine clearance greater than or equal to 30 mL/min .					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
Optional:					
ondansetron 8 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 30 minutes prior to treatment					
If additional antiemetic required:					
dexamethasone <input type="checkbox"/> 8mg or <input type="checkbox"/> 12mg PO (select one) 30 minutes prior to treatment					
<input type="checkbox"/> Other:					
TREATMENT:					
¹⁷⁷Lu vipivotide tetraxetan (PLUVICTO) 7.4 GBq/200 mCi					
slow IV push over 1 to 10 minutes every 6 weeks for 6 treatments					
<input type="checkbox"/> Dose Modification: ¹⁷⁷Lu vipivotide tetraxetan (PLUVICTO) 5.9 GBq/160 mCi slow IV push over 1 to 10 minutes					
<u>Patient must be kept in radiation isolation following administration and until discharged from the treatment facility. To be discharged, patient must have a measured dose rate of less than 64 microSv/hr at 1 meter distance.</u>					
Contact your local Radiation Safety Officer if any concerns during and after administration.					
OPTIONAL POSTHYDRATION:					
<input type="checkbox"/> 500 mL NS at rate of 125 mL/hour following treatment with ¹⁷⁷Lu vipivotide tetraxetan (PLUVICTO)					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
Book treatments every six weeks for a total of 6 treatments Book return to clinic every six weeks for Doctor (within 5 days of each booked treatment) <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
CBC & Diff, creatinine, albumin, total bilirubin, ALT, alkaline phosphatase prior to each treatment and every 3 weeks during treatment PSA prior to each treatment If clinically indicated: <input type="checkbox"/> calcium <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: