

PROTOCOL CODE: LYGDPO
(Induction Cycle 1)

Page 1 of 3

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 Day 1 of treatment

Day 1 and Day 2: May proceed with doses as written, if within 72 hours **ANC greater than or equal to $1.0 \times 10^9/L$** , platelets **greater than or equal to $75 \times 10^9/L$** , creatinine clearance **greater than or equal to 60 mL/min**

Day 8 and Day 15: May proceed with doses as written, if within 48 hours **ANC greater than or equal to $1.0 \times 10^9/L$** , platelets **greater than or equal to $75 \times 10^9/L$**

For split dose CISplatin only:

Day 1 and Day 2: May proceed with doses as written, if within 72 hours **ANC greater than or equal to $1.0 \times 10^9/L$** , platelets **greater than or equal to $75 \times 10^9/L$** , creatinine clearance **greater than or equal to 45 mL/min**

Day 8 and Day 15: May proceed with doses as written, if within 48 hours **ANC greater than or equal to $1.0 \times 10^9/L$** , platelets **greater than or equal to $75 \times 10^9/L$** , creatinine clearance **greater than or equal to 45 mL/min**

Dose modification for: ☐ Hematology ☐ Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply of oral medications. RN/Pharmacist to confirm _____.

DAY 1 (and DAY 8 if split dose CISplatin being given):

PREMEDICATIONS FOR gemcitabine, CISplatin, or CARBOplatin:

dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO 30 to 60 minutes prior to treatment on ☐ Day 1 (and ☐ Day 8)

AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment

If additional antiemetic required:

☐ OLANzapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes prior to treatment

Day 2:

PREMEDICATIONS FOR oBINutuzumab INFUSION:

60 minutes prior to infusion: dexamethasone 20 mg IV

30 minutes prior to infusion: acetaminophen 650 to 975 mg PO and diphenhydramINE 50 mg PO

DAY 8 (unless split dose CISplatin being given):

PREMEDICATIONS FOR gemcitabine

prochlorperazine 10 mg PO prior to gemcitabine

Continued on Page 2

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: LYGDPO **(Induction Cycle 1)**

Page 2 of 3

DATE:

PREMEDICATIONS, continued:

Day 8 and Day 15:

PREMEDICATIONS FOR oBINutuzumab INFUSION:

☐ If reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than $25 \times 10^9/L$ before **Cycle 1 Day 1**, then 60 minutes prior to infusion: **dexamethasone 20 mg IV**

30 minutes prior to infusion: **acetaminophen 650 to 975 mg PO** and **diphenhydramine 50 mg PO**

☐ Other:

PRE-HYDRATION:

1000 mL NS IV over 1 hour prior to CISplatin on Day 1 (and Day 8 if split dose CISplatin given)

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

TREATMENT:

Days 1 to 4:

dexamethasone 40 mg PO daily in AM on **Days 1 to 4**.

Day 1:

gemcitabine $1000 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg

☐ Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg

IV in 250 mL NS over 30 minutes on **Day 1 (and Day 8- see next page)**

CISplatin $75 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg

☐ Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 only**.

OR (only split CISplatin Day 1 and 8 if creatinine clearance on Day 1 less than 60 mL/min)

CISplatin $37.5 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg

☐ Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 (and Day 8- see next page)**

OR

CARBOplatin AUC 5 $\times (\text{GFR} + 25) =$ _____ mg (maximum 800 mg)

☐ Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes on **Day 1 only**.

Continued on Page 3

DOCTOR'S SIGNATURE:
SIGNATURE:
UC:

**PROTOCOL CODE: LYGDPO
(Induction Cycle 1)**

Page 3 of 3

DATE:

TREATMENT, continued:

Day 2:

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 2**.

Start infusion at **50 mg/h**; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

For first dose, constant visual observation during dose increases and for 30 minutes after infusion completed. Vital signs not required unless symptomatic.

If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.

Day 8:

gemcitabine 1000 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 8**

If split dose CISplatin:

CISplatin 37.5 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8**

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 8**.

If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at **100 mg/h** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

Day 15:

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 15**.

If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at **100 mg/h** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle 2. Book **treatment** on Day 1 and Day 8.

CBC & Diff, creatinine prior to each cycle

CBC & Diff on Day 8

Creatinine on Day 8 if split dose CISplatin ordered

If clinically indicated:

☐ **ALT** ☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: