PROTOCOL CODE: LYGDPO (Induction Cycles 2 to 6)

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 #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** Day 1 of treatment

Day 1: May proceed with doses as written, if within 72 hours **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 60 mL/min**

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

For split dose CISplatin only:

Day 1: May proceed with doses as written, if within 72 hours **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 45 mL/min**

Day 8: May proceed with doses as written, if within 48 hours **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 45 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 _____.

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).
If dexamethasone IV has been given the same day for the oBINutuzumab premedication, then omit dexamethasone PO.

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
	☐	**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

PREMEDICATIONS FOR oBINutuzumab INFUSION:

☐ If previous oBINutuzumab reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L before Day 1 of current cycle, 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

Continued on page 2

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DATE:

PREMEDICATIONS, continued:

DAY 8 (unless split dose CISplatin being given)

PREMEDICATIONS FOR gemcitabine

prochlorperazine 10 mg PO prior to gemcitabine

☐ **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 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

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

CISplatin 75 mg/m^2 x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m^2 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 1 only.**

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

CISplatin 37.5 mg/m^2 x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m^2 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 1 (and Day 8- see next page)**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg (maximum 800mg)

☐ Dose Modification: _____% = _____ mg

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

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 1**.

If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at **100 mg/h**. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

Continued on page 3

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

(Induction Cycles 2 to 6)

DATE:

TREATMENT, continued:

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**

RETURN APPOINTMENT ORDERS

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

☐ Cycle 6: Return in **two** months (calculate in months, not weeks) for Doctor and Cycle 7. Book treatment for Day 1 only.

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: