**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:** LYOBEND Page 1 of 3

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht__________cm</th>
<th>Wt__________kg</th>
<th>BSA__________m²</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

Date of Previous Cycle:

- [ ] Delay treatment _____ week(s)
- [ ] CBC & Diff and platelets day 1 of treatment

Day 1: may proceed with doses as written, if within 96 hours **ANC greater than or equal to 1.2 x 10⁹/L** and **Platelets greater than or equal to 80 x 10⁹/L**

Proceed with treatment based on blood work from ___________________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm __________________________.

**PREMEDICATIONS FOR OBINUTUZUMAB INFUSION:**
Cycle 1: Day 1
60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:
- dexamethasone 20 mg IV in 50 mL NS over 15 minutes
- acetaminophen 650 mg or 975 mg PO
- diphenhydrAMINE 50 mg PO

All subsequent infusions:
30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:
- acetaminophen 650 mg or 975 mg PO
- diphenhydrAMINE 50 mg PO

If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10⁹/L before treatment, add
- dexamethasone 20 mg IV in 50 mL NS over 15 minutes, to be given at **60 minutes prior to infusion, repeat in 4 hours**

**PREMEDICATIONS FOR BENDAMUSTINE INFUSION:**
CYCLE 1 to 6: DAY 1 and DAY 2
- ondansetron 8 mg PO prior to treatment.
- dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment. If dexamethasone has been given the same day for the **OBINutuzumab** premedication i.e., Cycle 1 Day 1, then omit.
- [ ] Other

**Have Hypersensitivity Reaction Tray and Protocol Available**

<table>
<thead>
<tr>
<th>DOCTOR’S SIGNATURE:</th>
<th>SIGNATURE:</th>
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<tbody>
<tr>
<td></td>
<td>UC:</td>
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</table>

BC Cancer Provincial Preprinted Order LYOBEND
Created: 1 July 2018 Revised: 1 Jul 2020
**Have Hypersensitivity Reaction Tray and Protocol Available**

**PREMEDICATIONS FOR OBINUTUZUMAB MONOTHERAPY**

Cycle 7 to 18: Day 1 (monotherapy with oBINutuzumab)

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:
acetaminophen 650 mg or □ 975 mg PO

diphenhydrAMINE 50 mg PO

**TREATMENT:**

**INDUCTION PHASE:** Cycle 1 to 6

☐ Cycle 1:
Day 1:
**oBINutuzumab 1000 mg** IV in 250 mL NS. 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.

Vital signs prior to start of infusion and at every increment of infusion rate and for 2 hours post infusion
Refer to protocol for resuming infusion following a reaction

Days 1 and 2:
bendamustine 90 mg/m² x BSA = ____________ mg

   IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)

Day 8 and 15:
**oBINutuzumab 1000 mg** IV in 250 mL NS. 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.

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion
Refer to protocol for resuming infusion following a reaction

☐ Cycles 2 to 6:

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

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion
Refer to protocol for resuming infusion following a reaction

Days 1 and 2:
bendamustine 90 mg/m² x BSA = ____________ mg

   IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)

See page 3

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order LYOBBEND
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**Date:**

**TREATMENT: (Continued)**

**MAINTENANCE PHASE**

☐ Cycle 7 to 18: Day 1

**oBINutuzumab 1000 mg** IV in 250 mL NS on **Day 1**. If no infusion reaction or only grade 1 infusion reaction only 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.

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion

Refer to protocol for resuming infusion following a reaction

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**RETURN APPOINTMENT ORDERS**

☐ Cycle 1: Return in **four** weeks for Doctor and Cycle _________. Book chemo on days 1, 2, 8 and 15.

☐ Cycle 2 to 6: Return in **four** weeks for Doctor and Cycle _________. Book chemo on days 1 and 2.

☐ Cycle 7 to 18: Return in **eight** weeks for Doctor and Cycle _________. Book chemo on day 1.

☐ Last Cycle. Return in ________ week(s).

**CBC & Diff, platelets** prior to Day 1 of each cycle

☐ If clinically indicated: ☐ creatinine ☐ ALT ☐ bilirubin

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**