PROTOCOL CODE: **ULYBRENTUX**

*A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.*

### DOCTOR’S ORDERS

| 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 and platelets day 1 of treatment

Day 1: may proceed with doses as written, if within 96 hours **ANC greater than or equal to 0.6 x 10⁹/L and Platelets greater than or equal to 50 x 10⁹/L**

Dose modification for:  
- ☐ Hematology  
- ☐ Other Toxicity

Proceed with treatment based on blood work from ________________

**PREMEDICATIONS:** Not routinely necessary.

- ☐ Other

**Have Hypersensitivity Reaction Tray and Protocol Available**

### CHEMOTHERAPY:

brentuximab vedotin 1.8 mg/kg x weight (kg) = ____________ mg (maximum dose 180 mg)

- ☐ Dose Modification: ___________% = ____________ mg/kg x weight (kg) = ____________ mg

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

**NOTE:** The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.

### RETURN APPOINTMENT ORDERS

- ☐ Return in **three** 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  ☐ AST  ☐ ALT  ☐ bilirubin
- ☐ Other tests:
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE

| SIGNATURE |
| UC: |

BC Cancer Provincial Preprinted Order **ULYBRENTUX**

Created: 1 Jun 2014  Revised: 1 Aug 2018