**PROTOCOL CODE: ULYOBBEND**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________ cm</th>
<th>Wt_________ kg</th>
<th>BSA_________ m²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REMINDER:</strong> Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
<td></td>
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</tr>
<tr>
<td><strong>DATE:</strong></td>
<td><strong>To be given:</strong></td>
<td><strong>Cycle #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Previous Cycle:</strong></td>
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</table>

- [ ] 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 OBITNUTUZUMAB 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
- 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

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** if infusion exceeds 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**

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
**Date:**

**Have Hypersensitivity Reaction Tray and Protocol Available**

<table>
<thead>
<tr>
<th>PREMEDICATIONS FOR OBI nutuzumab MONOTHERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle 7 to 18: Day 1 (monotherapy with oBINutuzumab)</td>
</tr>
<tr>
<td>30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:</td>
</tr>
<tr>
<td>acetaminophen 650 mg □ or □ 975 mg PO</td>
</tr>
<tr>
<td>diphenhydRAMINE 50 mg PO</td>
</tr>
</tbody>
</table>

**TREATMENT:**

**INDUCTION PHASE: Cycle 1 to 6**

- **Cycle 1:**
  - Day 1:
    - OBI nutuzumab 1000 mg IV in 250 mL NS. Start infusion at 50 mg/hour; after 30 minutes, increase by 50 mg/hour every 30 minutes until rate = 400 mg/hour 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:
    - OBI nutuzumab 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/hour or faster: Start infusion at 100 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/hour every 30 minutes until rate = 400 mg/hour.

  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:
    - OBI nutuzumab 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/hour or faster: Start at 100 mg/hour. Increase by 100 mg/hour every 30 minutes until rate = 400 mg/hour 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:**
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/hour or faster: Start at **100 mg/hour**. Increase by 100 mg/hour every 30 minutes until rate = 400 mg/hour 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.**

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**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**