



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

## PROTOCOL CODE: UMYTEC

### Cycle 1 (Inpatient)

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

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment		
May proceed with doses as written if within 48 hours of Day 1, and within 24 hours of Day 3 and Day 5: <b>ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, platelets greater than or equal to 25 x 10<sup>9</sup>/L</b> (without bleeding), and no signs or symptoms of CRS or ICANS.		
Dose modification for: <input type="checkbox"/> Other Toxicity: _____		
Proceed with treatment based on blood work from _____		
<input type="checkbox"/> Hold anti-hypertensive medications, starting 24 hours before and for 24 hours after 3 <sup>rd</sup> dose of teclistamab <b>OR</b> <input type="checkbox"/> Patient may continue to take anti-hypertensive medications		
Insert saline lock prior to first treatment		
• Per physician's clinical judgement, physician to ensure <b>appropriate antimicrobial</b> prophylaxis		
<b>PREMEDICATIONS:</b>		
<input type="checkbox"/> <b>prochlorperazine</b> 10 mg PO or <input type="checkbox"/> <b>metoclopramide</b> 10 mg PO 60 minutes prior to each dose of teclistamab		
<b>dexamethasone</b> 16 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 60 minutes prior to each dose of teclistamab		
<b>acetaminophen</b> 650 mg to 975 mg PO 60 minutes prior to each dose of teclistamab		
Select one of the following:		
<input type="checkbox"/> <b>loratadine</b> 20 mg PO 60 minutes prior to each dose of teclistamab		
<b>OR</b>		
<input type="checkbox"/> <b>diphenhydramine</b> 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 60 minutes prior to each dose of teclistamab		
<input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>		
<b>TREATMENT:</b>		
Baseline ICANS assessment, including ICE score, prior to Day 1. Vital signs before each treatment.		
<b>teclistamab</b> 0.06 mg/kg x _____ kg = _____ mg subcutaneous injection on <b>Day 1 (Round to one decimal place)</b>		
<b>THEN</b>		
<b>teclistamab</b> 0.3 mg/kg x _____ kg = _____ mg subcutaneous injection on <b>Day 3* (Round to one decimal place)</b>		
<b>THEN</b>		
<b>teclistamab</b> 1.5 mg/kg x _____ kg = _____ mg subcutaneous injection on <b>Day 5*</b>		
Administer doses greater than 2 mL as two syringes at two separate sites.		
* Day 3 and Day 5 doses may be given 2 to 7 days after previous dose		
<b>Continued on page 2</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>

# **PROTOCOL CODE: UMYTEC**

## **Cycle 1 (Inpatient)**

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### **DATE:**

Patients to be monitored for at least 48 hours after dosing.

Vital signs routinely per hospital policy. If there is a drop in blood pressure or clinical evidence of CRS or ICANS, notify physician immediately and continue to monitor vital signs according to CRS or ICANS protocol.

### **Cytokine Release Syndrome (CRS)**

Clinical symptoms indicative of CRS are **fever, rigors, hypotension and hypoxemia**.

Symptoms may also include but are not limited to: tachycardia, tachypnea, dyspnea, nausea, vomiting, diarrhea, mental status changes, transaminitis, fatigue, malaise, myalgias, headache, rash.

Patients should be closely monitored for early signs and symptoms indicative of CRS – in particular fevers (temperature greater than 38 degrees Celsius), rigors, hypotension (systolic blood pressure less than 100 mmHg or drop of greater than 20 mmHg from baseline) and hypoxia.

Refer to the separate [SCCRS PPO](#) for specific management of CRS.

### **Immune effector cell-associated neurotoxicity syndrome (ICANS)**

Clinical symptoms indicative of ICANS are headache, confusion, disorientation, speech disturbances, altered levels of consciousness, seizures and motor weakness.

Symptoms may also include, but are not limited to: lethargy, aphasia, difficulty concentrating, agitation, tremor, and rarely cerebral edema.

Patients should be closely monitored for early signs and symptoms indicative of ICANS - depressed level of consciousness, ataxia, or any significant change in their clinical status.

Refer to the separate [SCICANS PPO](#) for specific management of ICANS.

## **RETURN APPOINTMENT ORDERS**

Return in **12 days** (12 days from Day 1 dose) for Doctor and Cycle 2

☐ Or Return in \_\_\_\_ days (minimum 7 days after Cycle 1, Day 5) for Doctor and Cycle 2

Cycle 2, prior to Day 1: **CBC & Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose**

If clinically indicated, during hospital admission: **CBC & Diff, creatinine, sodium, potassium, calcium, magnesium, phosphate, ALT, alkaline phosphatase, total bilirubin, albumin, LDH**

Cycle 2, if clinically indicated:

- ☐ **CBC & Diff** Days 8, 15, 22
- ☐ **creatinine, sodium, potassium** Days 8, 15, 22
- ☐ **total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22
- ☐ **random glucose** Days 8, 15, 22
- ☐ **calcium, albumin** Days 8, 15, 22
- ☐ **phosphate**
- ☐ **magnesium**
- ☐ **Other tests:**
- ☐ **Consults:**
- ☐ **See general orders sheet for additional requests**

### **DOCTOR'S SIGNATURE:**

### **SIGNATURE:**

**UC:**