



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 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.

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets 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: ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 25 x 10⁹/L (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 rd dose of teclistamab OR <input type="checkbox"/> Patient may continue to take anti-hypertensive medications				
Insert saline lock prior to first treatment				
<ul style="list-style-type: none"> Per physician's clinical judgement, physician to ensure appropriate antimicrobial prophylaxis 				
PREMEDICATIONS:				
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO 60 minutes prior to each dose of teclistamab dexamethasone 16 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 60 minutes prior to each dose of teclistamab acetaminophen 650 mg to 975 mg PO 60 minutes prior to each dose of teclistamab				
Select one of the following:				
<input type="checkbox"/> loratadine 20 mg PO 60 minutes prior to each dose of teclistamab OR <input type="checkbox"/> diphenhydrAMINE 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 60 minutes prior to each dose of teclistamab <input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray & Protocol Available				
TREATMENT:				
Baseline ICANS assessment, including ICE score, prior to Day 1. Vital signs before each treatment.				
teclistamab 0.06 mg/kg x _____ kg = _____ mg subcutaneous injection on Day 1 (Round to one decimal place)				
THEN				
teclistamab 0.3 mg/kg x _____ kg = _____ mg subcutaneous injection on Day 3* (Round to one decimal place)				
THEN				
teclistamab 1.5 mg/kg x _____ kg = _____ mg subcutaneous injection on Day 5*				
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				
Continued on page 2				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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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: