CST Bulletin – March, 2025

BC Cancer ST Program Updates for March 3, 2025

AFFECTED APPLICATION(S)	PowerChart: Oncology/Hematology Regimens and PowerPlans
AFFECTED AREA(S)	BC Cancer Sites / VCH Oncology Sites (Oncologists, Oncology Pharmacy, and Oncology Nursing Staff)
NET NEW, OR UPDATE TO EXISTING BUILD	Update to Existing Build

What has Changed?

Any changes released that affect Oncology Regimens and PowerPlans/Cycles for the **BC Cancer Systemic Therapy (ST) Program** will be communicated monthly via Special Bulletin. These notification changes are important for Nursing staff, Pharmacy, and Providers to be aware of for their patients' care.

For Providers:

- <u>For PowerPlans that are versioned</u>: If your patient has already been started on a Regimen, when you order the next cycle PowerPlan, a pop-up window will appear to indicate a new version is required.
 - Click Yes to accept the new version
 - **Do not** use the Copy Forward functionality to ensure that the updates apply



• **IMPORTANT:** Any change from the standard treatment regimen (dose modification, addition of pre-med, etc.) in the previous cycle will need to be manually added to the cycle that is being ordered with the new version (see additional documentation regarding versioning)







Please see this month's changes below:

anges:					
•	Dhasa.				
nemother	apy Phase:				
Remove	d Day 15 Treatment Day				
NCP LU LUAJ	INP - Cy 🔄 1, Chemotherapy (Day 1, 8) (Future Pending) *Es	st. 20-Feb-20	25 08:00 PS	T - 21 Days	
			ау 1		y 8
8 8	Component		Pending		Pending
		*Est. 20-Fe	b-2025 08: Actions -	*Est. 27-Fek	Actions 🔻
3	Successful Contemporation and Vinorelbine		Actions		Actions
1423	Following Resection of Non-Small Cell Lung Cancer				
	Revised: 1 Mar 2025				
	Pre-Chemo Metrics				
	May proceed with treatment on Day 1 if:				
	Weutrophils Greater Than or Equal to 1.5 x 10^9/L within 24 hours				
	Platelet Count Greater Than or Equal to 100 x 10^9/L within 24 hours				
	Creatinine Clearance Greater Than or Equal to 60 mL/min within 24 hours				
	May proceed with treatment on Day 8 and Day 15 if:				
	Sector Physics And American Stream (1997) Sector Physics (1997) Se				
	CISplatin-KCL 20 mmol-magnesium sulfate 1g-mannitol 30g in mg/m2, IV, once oncology, administer over: 60 minute, drug form		Plan	0 min	
10					
Revised	vinorelbine to be given on Days 1 and 8				
P LU LUAJNP - Cy	cle 1, Chemotherapy (Day 1, 8) (Future Pending) *Est. 20-Feb-2025 08:00 PST - 21	1 Days		0.1	
S P Comp			F	Day 1 uture Pending	Day 8 Future Pending
Comp	onent		*Est.	20-Feb-2025 08: Actions マ	*Est. 27-Feb-2025 (Action
				0 hr	10
				Planned 0 min	Planned
				Planned	
	orelbine (vinorelbine - oncology) /m2, IV, once oncology, administer over: 6 minute, drug form: bag			+60 min	0 m
	ein with 75 to 125 mL sodium chloride 0.9% following infusion of vinorelbine. Days 1	and 8		Planned	Planned





Partnering with the BC health sector, providers and citizens

.abs	Phase:			
Re	emoved labs on Day 15			
	Add to Phase 🔹 🛕 Check Alerts 🚇 Comments			
DNCP LU L	UAJNP - Cycle 1, Labs (Day 8, 22) (Future Pending) *Est. 26-Feb-2025 08:00 PST - 2	2 Days		
8 P 6	Component		Day 8 Future Pending *Est. 26-Feb-2025 08: Actions ▼	Day 22 Future Pending *Est. 12-Mar-2025 08: Actions 🕶
7	CBC and Differential Blood, once, Order for future visit		Planned	Planned
7	Creatinine and Estimated GFR Blood, once, Order for future visit Big If clinically indicated:			Planned
	Bilirubin Total Blood, once, Order for future visit			
		_		

• Removed Scheduling order "Infusion Chemotherapy Visit" for Day 15

The Check Alerts 🔤 Comments Start: 20-Feb-2020 00:0	Uration: Ivone
	Dose Details
ONCP L LUAJNP - Cycle 1, Scheduling (Initiated Pending)	
🗹 🕈 🕅 Infusion Chemotherapy Visit	Within 2 Weeks, Cycle 1: Chair time 195 minutes; Nurse time 70 minutes, Chair Time: 180 minutes, Nur Day 1
Infusion Chemotherapy Visit	Within 2 Weeks, Chair Time: 60 minutes, Nurse Time: 55 minutes, ONCP LU LUAJNP Day 8
🔽 😵 🛱 Follow Up - Clinic - Oncology On Treatment	Physician Specialty: Medical Oncology, Tumor Group: Lung
Vorsioning:	

Versioning:

Jira: CST-305436

PowerPlan: LUAVPPIPNI

Cycles/PowerPlans: ONCP LU LUAVPPIPNI CARBOplatin Option Cycle 1, ONCP LU LUAVPPIPNI CARBOplatin Option Cycle 2, ONCP LU LUAVPPIPNI CISplatin Option Cycle 2, ONCP LU LUAVPPIPNI Cycles 3+

Changes:

Chemotherapy phase:

Updated CDS Notes from "Order Weekly Nursing Assessment" to "Order Weekly Nursing Assessment (Optional)"









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• Added hypersensitivity tray to ONCP LU LUAVPPIPNI Cycles 3+ only:

ONCP LU LUAVPPIPNI Cycles 3+ - Cycle 3, Chemotherapy (Day 1, 22) (Future Pending) *Est. 13-Feb-2025 08:00 PST - 42 D					
				Day 1	Day 22
	8	8	Commente	Future Pending	Future Pending
	09	r	Component	*Est. 13-Feb-2025 08:	*Est. 06-Mar-2025 08:
				Actions 🔻	Actions 🔻
			Have Hypersensitivity Reaction Tray and Protocol Available. Contact provider for additional orders		
			So diphenhydrAMINE 50 mg, IV, once oncology, PRN other (see comment), drug f For hypersensitivity reaction	Planned	Planned
			Shydrocortisone 100 mg, IV, once oncology, PRN other (see comment), drug For hypersensitivity reaction	Planned	Planned 💳
•			Sepinephrine (epinephrine 1 mg/mL inj) 0.5 mg, IM, q5min, PRN anaphylaxis, order duration: 3 doses	Planned	Planned
•			Salbutamol 5 mg, nebulized, q20min, PRN shortness of breath or wheezi	Planned	Planned

Labs phase in CARBOplatin and CISplatin PowerPlans:

• Removed Day 8 and Day 15 CBC and Differential

Image: Component Future Pending "Est. 07-Mar:2025 08 Actions Image: Component CBC and Differential Blood, once, Order for future visit Planned
CBC and Differential
Blood, once, Order for future visit Planned
Creatinine and Estimated GFR
Blood, once, Order for future visit Planned
Alanine Aminotransferase
Blood, once, Order for future visit Planned
Alkaline Phosphatase
Blood, once, Order for future visit Planned
🗹 🖪 🛱 Bilirubin Total
Blood, once, Order for future visit Planned
🗹 🛛 🕅 Lactate Dehydrogenase
Blood, once, Order for future visit Planned
Sodium and Potassium Panel (Electrolytes Panel Outpat
Blood, once, Order for future visit Planned
Thyroid Stimulating Hormone
Blood, once, Order for future visit Planned
🗹 🛛 🕅 Creatine Kinase
Blood, once, Order for future visit Planned
Glucose Random
Blood, once, Order for future visit Planned
If clinically indicated:
Free T3 Level (Free T3 Level Outpatient)
Blood, Thyroid Cancer – Thyrotoxicosis, once, Order for futu
Free T4 Level (Free T4 Level Outpatient)
Blood, Thyroid Cancer – Thyrotoxicosis, once, Order for futu
🗆 🗟 🕅 Cortisol Morning
Blood, once, Order for future visit
Adrenocorticotropic Hormone (ACTH) Level (ACTH Lev
Blood, once, Order for future visit
Testosterone Level
Blood, once, Order for future visit
Estradiol Level
Blood. once. Order for future visit
/ersioning: Yes
Jira: CST-303762







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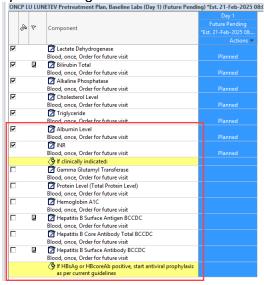
Protocols: LUNETEV

Cycles/PowerPlans: All Associated PowerPlans

Changes:

In the Pretreatment Plan:

- Added required Albumin Level and INR
- Added optional Hemoglobin A1C, Total Protein, Gamma Glutamyl Transferase, and Hepatitis B Surface Antibody
- Updated CDS yellow note to: "If HBsAg or HBcoreAb positive, start antiviral prophylaxis as per current guidelines"



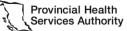
In the Treatment Powerplan:

- Updated labs so only CBC and Differential is required and all other labs are optional
- Added optional INR, Magnesium Level, Creatine Kinase, Hemoglobin A1C, Urinalysis Macroscopic (dipstick), Protein Urine 24 Hour, Collection Information Urine 24 Hour, Creatinine Urine 24 Hour (and all associated notes)

, , , , , , , , , , , , , , , , , , ,	🗖 🏾 🛱 INR
	Blood, once, Order for future visit
	🗖 🔀 Magnesium Level
	Blood, once, Order for future visit
	🗆 🔀 Creatine Kinase
	Blood, once, Order for future visit
ONCP LU LUNETEV (PO) - Cycle 1, Next Cycle Labs (Day 1) (Future Pending) *Est. 20-Mar-2025 1	10 🗖 🗭 Hemoglobin A1C
Day 1	Blood, once, Order for future visit
So Component	🔲 🗟 🛱 Urinalysis Macroscopic (dipstick)
*Est. 20-Mar-2025 10:	Urine, once, Order for future visit
Actions -	If laboratory urinalysis for protein is greater than or equal
CBC and Differential	to 1 g/L, then a 24 hr urine for total protein must be done
Blood, once, Order for future visit Planned	within 3 days prior to the next cycle
Generally indicated:	🔲 🤹 🛱 Protein Urine 24 Hour
Creatinine and Estimated GFR Blood, once, Order for future visit	Urine, once, Order for future visit
	🛞 'Collection Information Urine 24 Hour' and 'Creatinine
Blood, once, Order for future visit	Urine 24 Hour' are required tests for 24 hour urine tests
Alanine Aminotransferase	🔲 🤹 🛱 Collection Information Urine 24 Hour
Blood, once, Order for future visit	Urine, once, Order for future visit
Alkaline Phosphatase	🔲 🤹 🛱 Creatinine Urine 24 Hour
Blood, once, Order for future visit	Urine, once, Order for future visit
Versioning: Yes	
Jira: CST-305678	







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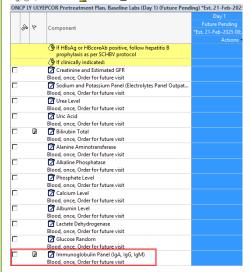
Protocols: ULYEPCOR

Cycles/PowerPlans: All Associated PowerPlans

Changes:

For all Powerplans:

• Added Optional Immunoglobulin panel (IgA, IgG, IgM)



For Treatment Powerplans:

• Added optional HBV Viral Load for every 3 months

				Day 8	Day 15	Day 22	Day 29
	S	17	Component	Future Pending	Future Pending	Future Pending	Future Pending
	0	r	Component	*Est. 27-Feb-2025 08:	*Est. 06-Mar-2025 08:	*Est. 13-Mar-2025 08:	*Est. 20-Mar-2025 08:
				Actions 💌	Actions 🕶	Actions 💌	Actions 🕶
			If clinically indicated:				
Π			🕅 Sodium and Potassium Panel (Electrolytes Panel Outpat				
			Blood, once, Order for future visit				
Γ			🖄 Creatinine and Estimated GFR				
			Blood, once, Order for future visit				
Π			🔭 Uric Acid				
			Blood, once, Order for future visit				
Π			🕅 Calcium Level				
			Blood, once, Order for future visit				
Γ			🖄 Magnesium Level				
			Blood, once, Order for future visit				
Π			Phosphate Level				
			Blood, once, Order for future visit				
Π			🛱 Glucose Random				
			Blood, once, Order for future visit				
Π			🖄 Albumin Level				
			Blood, once, Order for future visit				
Π		2	🔭 Bilirubin Total				
			Blood, once, Order for future visit				
Γ			🖄 Alanine Aminotransferase				
			Blood, once, Order for future visit				
Π			🖄 Alkaline Phosphatase				
			Blood, once, Order for future visit				
Π			🖄 Lactate Dehydrogenase				
_			Blood, once, Order for future visit				
Π		P	😰 Immunoglobulin Panel (IgA, IgG, IgM)				
			Blood, once, Order for future visit				
			If clinically indicated, every 3 months				
		Ð	Provide the second description of the second				
			Blood, once, Order for future visit				

Jira: CST-302330







Partnering with the BC health sector, providers and citizens

Velos/PowerPlane: All Accordated PowerPlane and F	Pogimone
Cycles/PowerPlans: All Associated PowerPlans and F	regimens
Changes:	
-	
or all protocols:	
 Removed Cycles 1 and 2 Powerplans 	
	tain na avala information
	tain no cycle information
 Renamed and updated Cycles 3+ Powerplan to con 	
 Renamed and updated Cycles 3+ Powerplan to con Updated Regimens to include only the single Power 	
Renamed and updated Cycles 3+ Powerplan to con	
 Renamed and updated Cycles 3+ Powerplan to con Updated Regimens to include only the single Power 	
Renamed and updated Cycles 3+ Powerplan to com Updated Regimens to include only the single Power NCLU LULATPP (Pending) Hide additional details Regimen description: Adjuvant Cisplatin and Permetresed Following Resection of Non-Small Cell Lung Cancer	
 Renamed and updated Cycles 3+ Powerplan to con Updated Regimens to include only the single Power NCLULUALIPP (Pending) Hide additional details 	
Renamed and updated Cycles 3+ Powerplan to com Updated Regimens to include only the single Power NCULULARP (Pending) Hide additional details Regimen description: Adjuvant CSplatin and Permetresed Following Resection of Non-Small Cell Lung Cancer Add Cocument Response View Response ONCP LULUARP Pretreatment Plan Start	plan
Renamed and updated Cycles 3+ Powerplan to com Updated Regimens to include only the single Power UUUUPP (Pending) Hide additional details Regimen description: Adjuvant Cisplatin and Pemetresed Following Resection of Non-Small Cell Lung Cancer + Add Document Response Wive Response Vice UUUAPP Preference (Pan Start OXCP UUUUAPP Cycle 1	plan *Est. Start Date: 01-Mar-2025 *Est. Start Date: 01-Mar-2025 *Est. Start Date: 01-Mar-2025
Renamed and updated Cycles 3+ Powerplan to com Updated Regimens to include only the single Power UUUUAPP (Pendig) Vice Additional details Regimen description: Adjuvant CSplatin and Pemetresed Following Resection of Non-Small Cell Lung Cancer Add Document Response View Response Vice UUUAPP Performant Plan Vice UUUAPP Cycle 1 Vice 1 Vice 1	plan *Est. Start Date: 01:5Mar-2025 *Est. Start Date: 01-3Mar-2025 *Est. Start Date: 01-3Mar-2025 *Est. Start Date: 22-3Mar-2025
Renamed and updated Cycles 3+ Powerplan to com Updated Regimens to include only the single Power UuluAPP (rending) Hide additional details Regimen description: Adjuvant CSplatin and Pemetrezed Following Resection of Non-Small Cell Lung Cancer Add Document Response View Response VCP LULUAPP Pretreatment Plan Conce LULUAPP Cycle 1	plan "Est. Start Date: 01-Mar-2025 Skjp "Est. Start Date: 01-Mar-2025

Jira: CST-303761

Protocols: LYEPOCHR

Cycles/PowerPlans: All Associated treatment PowerPlans

Changes:

ONCP LY LYEPOCHR (Outpatient)

Chemotherapy Phase:

For etoposide-DOXOrubicin-VinCRIstine in NS (non-DEHP) 500 mL orders to add into the order comment: 'If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining'

Dose Bate Infuse Over Frequency Duration diffier D0 mg/m2 \$2,188 mL/h 24 hour once oncology addression oddression 115 mg \$6 05 mL/h 24 hour once oncology addression oddression 115 mg \$55 mL \$55 mL \$55 mL \$55 mL \$55 mL Total Volume 525 mL
addive 10 mg/m2 S addive 11 Fmg S de 0.3% (NS) (nonDEHP) /V divert 525 mL Total Volume 525 mL nts nus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining, Days 1 to 4
ddlive 115 mg 15 mg 16 m
de 0.9% [NS] (non-DEHP] IV diavet 525 mL E Total Volume 525 mL nts nus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
Total Volume 555 mL nts nus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
525 mL nts
nts inus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
inus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
inus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
inus 2. Use non-DEHP tubing with 0.2 micron in-line filter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
nus 2. Use non-Denie tubing with 0.2 micron in-line niter. If total given volume on CADD pump is equal to volume indicated on medication label, may disconnect medication bag with volume remaining. Days 1 to 4
/incrusione additive by mg/mz_24-reb-2020 10:27:00





Partnering with the BC health sector, providers and citizens

Prescriptions Phase:

Deselected the mesna orders, they should be optional

Add yellow CDS note to the top that says "Ensure appropriate supportive care medications are prescribed e.g. PJP prophylaxis, PPI, G-CSF"

ON	P LY LYEPOCHR (Outpatient) - Cycle 2. Prescripti	ons (Future Pendino)
		vdications are prescribed e.g. PJP prophylaxis, PPI, G-CSF
	🖀 📕 predniSONE	60 mg/m2, PO, BID with food, Take with food on Days 1 to 5, drug form: tab, dispense qty: 21 day
		Round to nearest 25 mg. Prescription is part of a combined IV/PO protocol. Dispense quantity = 1 cycle
	😭 📕 mesna	300 mg/m2, PO, as directed, 4 and 8 hours after start of cyclophosphamide infusion. To be taken at home in 1 cup of carbonated beverage over 15 minutes, drug form: syringe-oral, dispense qty: 2 Dose Level 1. Round dose to nearest 10 mg. Prescription is part of a combined IV/PO protocol. Pharmacy to prepare 2 doses daily for outpatient use. Dispense quantity = 1 cycle
		Dose Level 1. Round dose to nearest 10 mg. Prescription is part of a combined IV/PO protocol. Pharmacy to prepare 2 doses daily for outpatient use. Dispense quantity = 1 cycle

Prescriptions (Inpatient Only Use) Phase:

Added yellow CDS note to the top that says 'Ensure appropriate supportive care medications are prescribed e.g. PJP prophylaxis, PPI, G-CSF'

ONCP LY LYEPOCHR (Outp	atient) - Cycle 2, Prescriptions (Inpati	ent Only Use) (Future Pending)
		re prescribed e.g. PJP prophylaxis, PPI, G-CSF
🔲 🗧 🚼 predniSOI	NE	60 mg/m2, PO, BID with food, order duration: 10 doses or times, drug form: tab
		Round to nearest 25 mg. Days 1 to 5
🔲 🛛 🔓 🔥 mesna (m	esna - oncology)	300 mg/m2, PO, q4h oncology, order duration: 2 doses or times, drug form: syringe-oral For cyclophosphamide dose level 1. Hour 4 and 8. Round dose to nearest 10 mg. In 1 cup of carbonated beverage over 15 minutes
		For cyclophosphamide dose level 1. Hour 4 and 8. Round dose to nearest 10 mg. In 1 cup of carbonated beverage over 15 minutes

Labs Phase:

- Have mandatory CBC, INR and PPT on Day 22 only
- Create yellow CDS note 'If receiving intrathecal methotrexate, on Day 4.' and add another optional CBC, INR and PTT underneath

			Days 4	Days 22
			Future Pending	Future Pending
0	18	Component	*Est. 25-Feb-2025 08:	*Est. 15-Mar-2025 08:.
			Actions 🗸	Actions T
7		CBC and Differential		
		Blood, once, Order for future visit		Planned
1		M INR		
		Blood, once, Order for future visit		Planned
7		T PTT		
		Blood, once, Order for future visit		Planned
		🔅 If receiving intrathecal methotrexate, on Day 4:		
1		🖄 CBC and Differential		
		Blood, once, Order for future visit		
		🔭 INR		
		Blood, once, Order for future visit		
		🔁 РТТ		
		Blood, once, Order for future visit		
		😚 If clinically indicated:		
1		🔭 Bilirubin Total		
		Blood, once, Order for future visit		
1		🖄 Alanine Aminotransferase		
		Blood, once, Order for future visit		
1		🖄 Urinalysis Macroscopic (dipstick)		
		Urine, once, Order for future visit		
		🖄 Creatinine and Estimated GFR		
		Blood, once, Order for future visit		
		🖄 Alkaline Phosphatase		
		Blood, once, Order for future visit		
		🖄 Lactate Dehydrogenase		
		Blood, once, Order for future visit		
		If clinically indicated every 3 months:		
		🖄 Hepatitis B Viral Load (Rx monitoring) (HBV Viral Load)		
		Blood, once, Order for future visit		
	rsi	oning: Yes		





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Protocols: BRAVEVEX

Cycles/PowerPlans: All Associated PowerPlans

Changes:

ONCP BR BRAVEVEX Pretreatment plan:

• Move albumin from 'if clinically indicated' to mandatory

ONCP BR BRAVEVEX Pretreatment Plan, Baseline Labs (Day 1) (Future Pending) *Est. 25-Feb-2025 08:00 PST - 1 Days

			Day 1
	s 1	Component	Future Pending
	00	component	*Est. 25-Feb-2025 08:
			Actions 🔻
~		🔁 CBC and Differential	
		Blood, once, Order for future visit	Planned
~		🔁 INR	
		Blood, once, Order for future visit	Planned
~		🖄 Creatinine and Estimated GFR	
		Blood, once, Order for future visit	Planned
✓		🔁 Urea Level	
		Blood, once, Order for future visit	Planned
~		🔁 Glucose Random	
		Blood, once, Order for future visit	Planned
~		🔁 Hemoglobin A1C (HbA1c)	
		Blood, once, Order for future visit	Planned
~	Į	🛿 🔀 Bilirubin Total	
		Blood, once, Order for future visit	Planned
~		🔁 Albumin Level	
		Blood, once, Order for future visit	Planned
~		🔀 Alanine Aminotransferase	
		Blood, once, Order for future visit	Planned
~		🔁 Alkaline Phosphatase	
		Blood, once, Order for future visit	Planned
~		🔀 Lactate Dehydrogenase	
		Blood, once, Order for future visit	Planned
~		🕜 Sodium and Potassium Panel (Electrolytes Panel Outpatient (Na, K))	
		Blood, once, Order for future visit	Planned
~		🔁 Calcium Level	
		Blood, once, Order for future visit	Planned
~		🔁 Phosphate Level (Phosphorus Level)	
		Blood, once, Order for future visit	Planned
~		🔁 Cholesterol Level	
		Blood, once, Order for future visit	Planned
~		🔁 Triglyceride	
		Blood, once, Order for future visit	Planned

Update Hep B yellow CDS note to 'If HbsAg or HBcoreAb positive, start antiviral prophylaxis as per current guidelines'

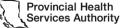
each visit
DS.
:
▼
~



Health Care

How you want to be treated.





Provincial Digital Health and Information Services Partnering with the BC health sector, providers and citizens

•	 Add 'if clinically indicated': INR, HbA1C, magnesium, calcium, phosphate, cr urinalysis, 24-hour urine protein 	eatine kinase,
	Remove hepatitis B optional labs	
	<⊕ If clinically indicated:	
	🔁 INR	
	Blood, once, Order for future visit	
	🔀 Protein Level (Total Protein Level)	
	Blood, once, Order for future visit	
	🖄 Albumin Level	
	Blood, once, Order for future visit	
	見 📝 Bilirubin Total	
	Blood, once, Order for future visit	
	🔀 Gamma Glutamyl Transferase	
	Blood, once, Order for future visit	
	🔀 Alkaline Phosphatase	
	Blood, once, Order for future visit	
	Alanine Aminotransferase	
	Blood, once, Order for future visit	
	🔀 Lactate Dehydrogenase Blood, once, Order for future visit	
	Blood, once, Order for future visit	
	T Creatinine and Estimated GFR	
	Blood, once, Order for future visit	
	🖓 Glucose Random	
	Blood, once, Order for future visit	
	T Hemoglobin A1C (HbA1c)	
	Blood, once, Order for future visit	
	🕅 Cholesterol Level	
	Blood, once, Order for future visit	
	🔭 Triglyceride	
	Blood, once, Order for future visit	
	🛣 Sodium and Potassium Panel (Electrolytes Panel Outpatient (Na, K))	
	Blood, once, Order for future visit	
	🖄 Magnesium Level	
	Blood, once, Order for future visit	
	🖄 Calcium Level	
	Blood, once, Order for future visit	
	🎢 Phosphate Level (Phosphorus Level)	
	Blood once Order for future visit	
	🔀 Creatine Kinase Blood, once, Order for future visit	
	Image: Street and the street of the stree	
	Urine, once, Order for future visit	
	If laboratory urinalysis for protein is greater than or equal to 1 g/L or dipstick urinalysis proteinuria 2+ or 3+, then a 24 hr urine for total protein must be done within 3 days prior to the next cycle	
	Protein Urine 24 Hour Urine, once. Order for future visit	
Ve	rsioning: Yes	
Jira	a: CST-305458	







Protocols: LYGDPO

Cycles/PowerPlans:

- ONCP LY LYGDPO Pretreatment Plan
- ONCP LY LYGDPO CARBOplatin Option Induction Cycle 1
- ONCP LY LYGDPO CARBOplatin Option Induction Cycles 2 to 6
- ONCP LY LYGDPO CISplatin Option Induction Cycle 1
- ONCP LY LYGDPO CISplatin Option Induction Cycles 2 to 6
- ONCP LY LYGDPO CISplatin Split Dosing Option Inductinon Cycle 1
- ONCP LY LYGDPO CISplatin Split Dosing Option Induction Cycles 2 to 6
- ONCP LY LYGDPO Maintenance Cycles 7 to 18

ONCP LY LYGDPO Pretreatment Plan:

 Updated Yellow CDS note to: "If HBsAg or HBcoreAb positive, start hepatitis B prophylaxis as per SCHBV protocol"

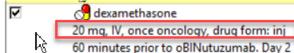
> If HBsAg or HBcoreAb positive, start hepatitis B prophylaxis as per SCHBV protocol

ONCP LY LYGDPO Induction Cycle 1 (all options):

- Chemotherapy phase:
 - CDS yellow note updated to: 'Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1':

Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1:

• Dexamethasone IV: removed administer over time



- All CDS yellow notes and orders for repeat medications to be given with oBINutuzumab infusion if exceeding 4 hours removed including: Dexamethasone, Acetaminophen PRN range dose, diphenhydramine
- Removed turquoise Clinical Decision Support note for vital signs and monitoring for oBINutuzumab
- Removed turquoise Clinical Decision Support note "Days 8 and 15: Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion"
- Order comments for oBINutuzumab Day 2 updated

x Details for oBINutuzumab (oBINutuzumab - oncology)			
2 Details Dr Order Comments			
Order comments Start influsion at 50 mg/h; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab influsion rate titration table. For first dose, constant visual observation during dose increases and for 30 minutes after influsion completed. Vital aigns not required unless symptomatic. If flushing, dyspnea, rigors, rash, pruntus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop influsion and page physician. Day 2			
Order comments for oBINutuzumab Days 8 and 15 updated Details for oBINutuzumab (oBINutuzumab - oncology) Details 10 Order Comments			
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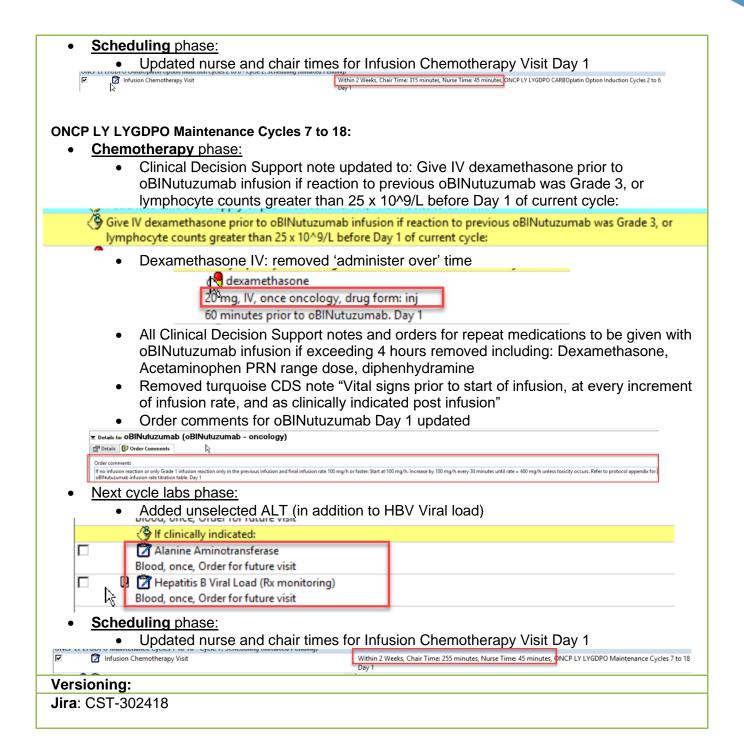
Provincial Digital Health and Information Services Partnering with the BC health sector, providers and citizens

• <u>Next</u>	cycle labs phase: Added unselected ALT (in addition to HBV Viral load)
/8 v r	
	ne Aminotransferase
	nce, Order for future visit
	titis B Viral Load (Rx monitoring) nce, Order for future visit
• <u>Scne</u>	eduling phase: Updated nurse and chair times for Infusion Chemotherapy Visit Day 2, 8, and 15
🗹 🔓 🕅 Infu	usion Chemotherapy Visit Within 2 Weeks, Chair Time: 360 Minutes, Nurse Time: 60 Minutes, DNCP LY LYGDPO CARBOplatin Option Induction Cycle 1
🗹 🕅 Infu	Day 2 Usion Chemotherapy Visit Within 2 Weeks, Chair Time: 300 minutes, Nurse Time: 45 minutes, DNCP LY LYGDPO CARBOplatin Option Induction Cycle 1
🗹 💆 Infu	Day 8 Within 2 Weeks, Chair Time: 255 minutes, Nurse Time: 45 minutes, DNCP LY LYGDPO CARBOplatin Option Induction Cycle 1
- ^ -	Day 15
	YGDPO Induction Cycles 2 to 6 (all options): <u>motherapy</u> phase: Updated Clinical Decision Support yellow note to: " <i>If dexamethasone IV has been</i> <i>given the same day for the oBINutuzumab premedication, then omit dexamethasone</i> <i>PO</i> "
👌 🗳 lf dex	amethasone IV has been given the same day for the oBINutuzumab premedication, then omit dexamethasone PO
•	Clinical Decision Support yellow note updated to: 'Give IV dexamethasone prior to
	oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or
	lymphocyte counts greater than 25 x 10 ⁹ /L before Day 1 of current cycle:'
(B. C.	
	e IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or phocyte counts greater than 25 x 10^9/L before Day 1 of current cycle:
•	Dexamethasone IV: removed 'administer over' time
	() dexamethasone
	20 mg, IV, once oncology, drug form: inj
	60 minutes prior to oBlNutuzumab. Day 1
•	All Clinical Decision Support notes and orders for repeat medications to be given with oBINutuzumab infusion if exceeding 4 hours removed including: Dexamethasone, Acetaminophen PRN range dose, diphenhydramine Removed turquoise CDS note "Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion" Order comments for oBINutuzumab Day 1 updated
	zumab (oBINutuzumab - oncology)
Details Details Order Com	
Order comments	hy 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.
Refer to protocol appendix	for oBINutuzumab infusion rate titration table. Day 1
 <u>Next</u> 	cycle labs phase:
•	Added unselected ALT (in addition to HBV Viral load)
	If clinically indicated:
	Alanine Aminotransferase
	Blood, once, Order for future visit
	📱 📝 Hepatitis B Viral Load (Rx monitoring)
	Blood, once, Order for future visit















Partnering with the BC health sector, providers and citizens

Protocols: LYCVPO

Cycles/PowerPlans:

- ONCP LY LYCVPO Pretreatment Plan
- ONCP LY LYCVPO Induction Cycle 1
- ONCP LY LYCVPO Induction Cycles 2 to 6
- ONCP LY LYCVPO Maintenance Cycles 7 to 18

ONCP LY LYCVPO Pretreatment Plan:

- Updated Clinical Decision Support yellow note to: "If HBsAg or HBcoreAb positive, start hepatitis B prophylaxis as per SCHBV protocol"
 - If HBsAg or HBcoreAb positive, start hepatitis B

prophylaxis as per SCHBV protocol

ONCP LY LYCVPO Induction Cycle 1:

• Chemotherapy phase:

 Clinical Decision Support yellow note updated to: 'Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1.'

> Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1:

• Dexamethasone IV: removed 'administer over' time

	Pre-medications for oBINutuzumab:
v	dexamethasone
	20 mg, IV, once oncology, drug form: inj
	60 minutes prior to oBINutuzumab. Day 2

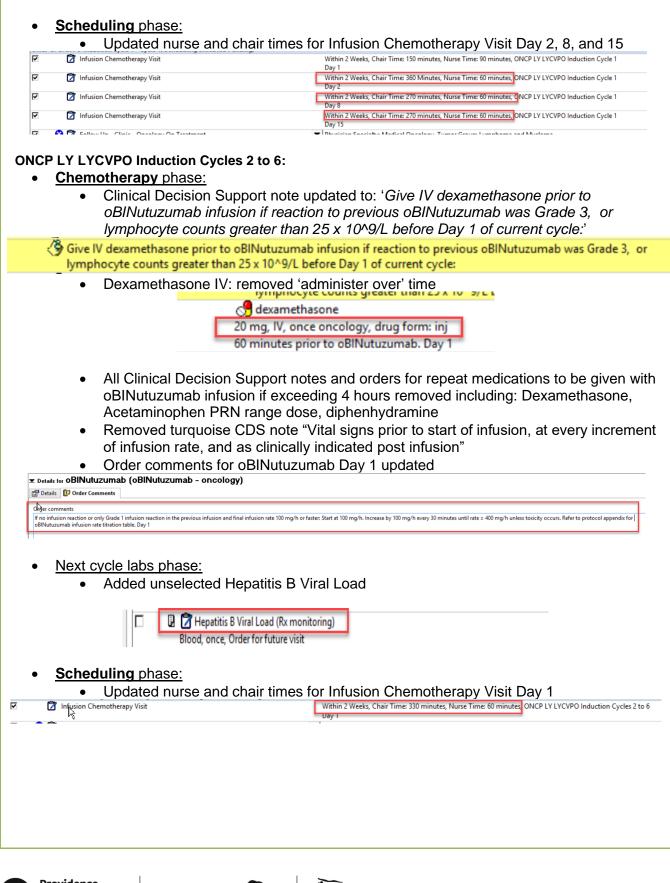
- All Clinical Decision Support notes and orders for repeat medications to be given with oBINutuzumab infusion if exceeding 4 hours removed including: Dexamethasone, Acetaminophen PRN range dose, diphenhydramine
- Removed turquoise Clinical Decision Support note for vital signs and monitoring for oBINutuzumab
- Removed turquoise Clinical Decision Support note "Days 8 and 15: Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion"
- Order comments for oBINutuzumab Day 2 updated

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Order comments Order comments If no influsion reaction or only Grade 1 influsion reaction in the previous influsion and final influsion rate 100 mg/h or faster: Start influsion 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.] Refer to protocol appendix for dBiNutuzumab influsion rate titration table. Days 8 and 15 Next cycle labs phase: Added unselected Hepatitis B Viral Load	■ Details for oBINutuzum	ab (oBINutuzumab - oncology)
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biod, once, order of recare visit	 Add 	ed unselected Hepatitis B Viral Load
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Blood, once, Order for future visit		



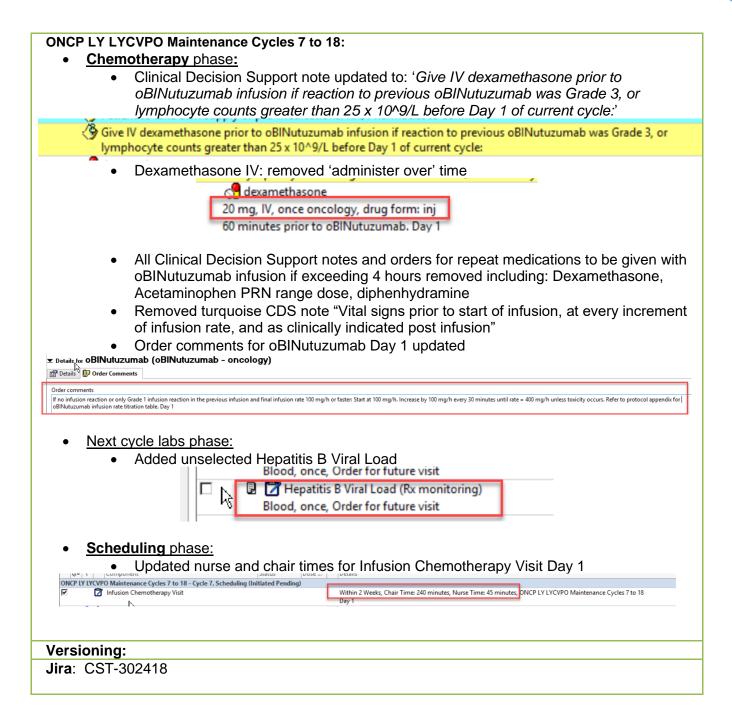


















Protocols: LYCHOPO

Cycles/PowerPlans:

- ONCP LY LYCHOPO Pretreatment Plan
- ONCP LY LYCHOPO Cyclophosphamide Hyperbilirubinemia Option Cycle 1
- ONCP LY LYCHOPO Cyclophosphamide Hyperbilirubinemia Option Cycles 2 to 6
- ONCP LY LYCHOPO DOXOrubicin Option Cycle 1
- ONCP LY LYCHOPO DOXOrubicin Option Cycles 2 to 6
- ONCP LY LYCHOPO Etoposide Cardiac Dysfunction Option Cycle 1
- ONCP LY LYCHOPO Etoposide Cardiac Dysfunction Option Cycles 2 to 6
- ONCP LY LYCHOPO Maintenance Cycles 7 to 18

ONCP LY LYCHOPO Pretreatment Plan:

- Updated Yellow Clinical Decision Support note to: "If HBsAg or HBcoreAb positive, start hepatitis B prophylaxis as per SCHBV protocol"
 - If HBsAg or HBcoreAb positive, start hepatitis B
 - prophylaxis as per SCHBV protocol

ONCP LY LYCHOPO Cycle 1 (all options):

- <u>Chemotherapy phase:</u>
 - Clinical Decision Support note updated to: 'Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1.'
 - Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Cycle 1 Day 1:
 - Dexamethasone IV: removed 'administer over' time and aligned order comments to state " 60 minutes prior to oBINutuzumab"

Pre-medications for oBINutuzumab:	
🔗 dexamethasone	1
20 mg, IV, once oncology, drug form: inj	
60 minutes prior to oBINutuzumab. Day 2	

- All Clinical Decision Support notes and orders for repeat medications to be given with oBINutuzumab infusion if exceeding 4 hours removed including: Dexamethasone, Acetaminophen PRN range dose, diphenhydramine
- Removed turquoise Clinical Decision Support note for vital signs and monitoring for oBINutuzumab
- Removed turquoise Clinical Decision Support note "Days 8 and 15: Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion"
- Order comments for oBINutuzumab Day 2 updated

포 Details for oBINutuzumab (oBINutuzumab - oncology)

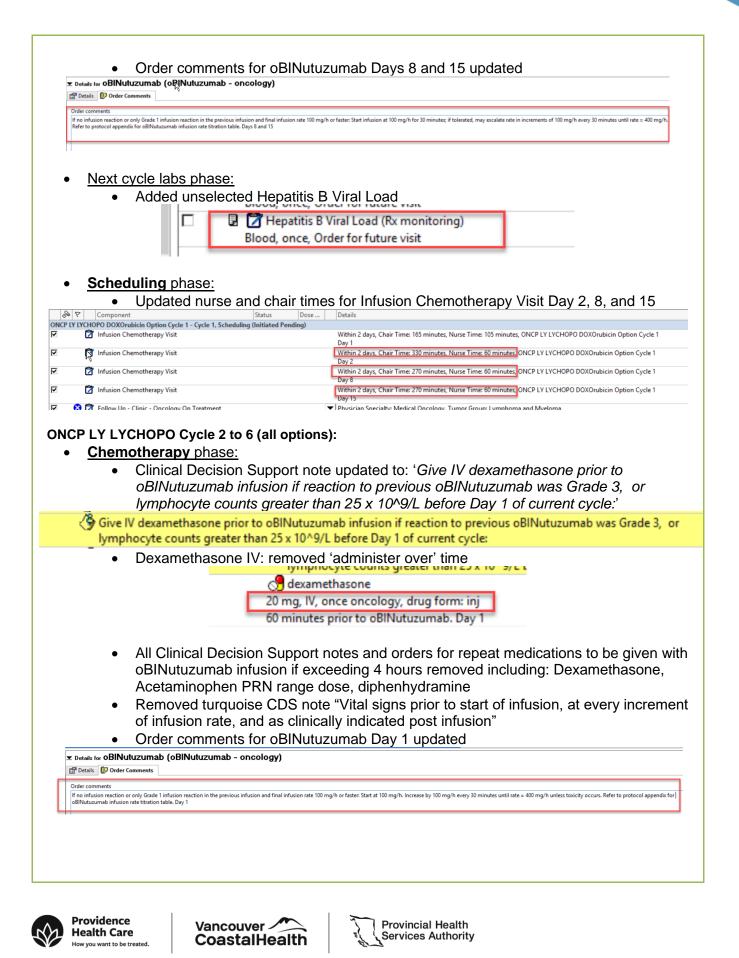
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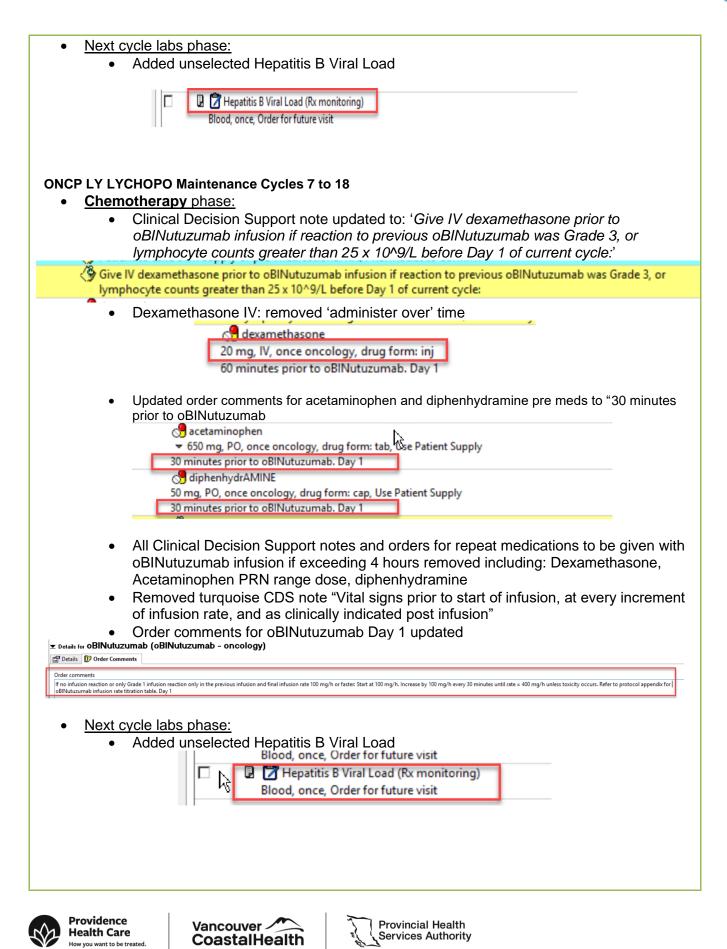
Start infusion at 50 mg/k; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table. For first dose, constant visual observation during dose increas and for 30 minutes after infusion completed. Vital signs not required unless symptomatic.











Partnering with the BC health sector, providers and citizens

• Scheduling phase:

• Updated nurse and chair times for Infusion Chemotherapy Visit Day 1

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ONC	CP LY INCHOPO Maintenance Cycles 7 to 18 - Cycle 7, Scheduling (Initiated Pending)
P	CPLIV VCHOPO Maintenance Cycles 7 to 18 - Cycle 7, Scheduling (Initiated Pending) Within 2 days, Chair Time: 240 minutes, Nurse Time: 45 minutes, ONCP LY LYCHOPO Maintenance Cycles 7 to 18 Day 1 Day
•	😵 📅 Follow Up - Clinic - Oncology On Treatment 🗾 Physician Specialty: Medical Oncology, Tumor Group: Lymphoma and Myeloma
	🚱 Go to Chemo Calendar to send next cycle to scheduling wait list
sior	ning:
i: C	ST-302418

Protocols: LYVENOB

Cycles/PowerPlans:

- ONCP LY LYVENOB Cycle 1
- ONCP LY LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient)
- ONCP LY LYVENOB Cycle 2 Low/Moderate TLS Risk Ramp-Up Weeks 1 to 5
- ONCP LY LYVENOB Post Ramp-up Cycles 3 to 6

ONCP LY LYVENOB Cycle 1:

- Chemotherapy phase:
 - Clinical Decision Support note updated to: Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L in labs drawn for Day 2 oBINutuzumab:

Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L in labs drawn for Day 2 oBINutuzumab:

- Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine
- Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L in labs drawn for Day 2 oBINutuzumab:
- de methasone
- 20 mg, IV, once oncology, drug form: inj 60 minutes prior to oBINutuzumab. Days 8 and 15
- (acetaminophen
 - ▼ 650 mg, PO, once oncology, drug form: tab, Use Patient Supply
- 30 minutes prior to oBlNutuzumab. Days 1, 2, 8, 15

diphenhydrAMINE 50 mg, PO, once oncology, drug form: cap, Use Patient Supply

30 minutes prior to oBINutuzumab. Days 1, 2, 8, 15

• Dexamethasone IV: removed 'administer over' time

dexamethasone 20 mg, IV, once oncology, drug form: inj

- 60 minutes prior to oBINutuzumab. Days 8 and 15
- Updated order comments to acetaminophen and diphenhydramine
 - 🔗 acetaminophen
 - ➡ 650 mg, PO, once oncology, drug form: tab, Use Patient Supply
 - 30 minutes prior to oBINutuzumab. [ays 1, 2, 8, 15]
 - diphenhydrAMINE
 - 50 mg, PO, once oncology, drug form: cap, Use Patient Supply





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ONCP LY LY	
2	Infusion Chemotherapy Visit Within 2 Weeks, Chair Time: 330 minutes, Nurse Time: 60 minutes, ONCP LY LYVENOB Cycle 1 Day 2 Day 2
R	Infusion Chemotherapy Visit Days 1, 8, 15 chemo must be given on a Thursday for low-medium TLS risk Chair Time: 255 minutes, Nurse Time: 45 minutes, ONCP LY LYVENOB Cyr David
ম	Infusion Chemotherapy Visit
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	 Characterization (Control of the second secon
	 A LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient) A LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient) A Clinical Decision Support note updated to: 'Give IV dexamethasone prior to oBINutuzuma infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L labs drawn for Cycle 2 Day 8.' Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine Pre-Medications Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone 20 mg, IV, once oncology, drug form: inj 60 minutes prior to oBINutuzumab. Day 1 acetaminophen §50 mg, PQ, once oncology, drug form: tab 30 minutes prior to oBINutuzumab. Day 1 GiphenhydrAMINE
	 A LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient) Clinical Decision Support note updated to: 'Give IV dexamethasone prior to oBlNutuzuma infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L labs drawn for Cycle 2 Day 8.' Give IV dexamethasone prior to oBlNutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8: Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine Pre-Medications Give IV dexamethasone prior to oBlNutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8: Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine Pre-Medications Give IV dexamethasone prior to oBlNutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8: Go minutes prior to oBlNutuzumab. Day 1 acetaminophen 650 mg, PO, once oncology, drug form: tab 30 minutes prior to oBlNutuzumab. Day 1 GiphenhydrAMINE 50 mg, PO, once oncology, drug form: cap
	 A LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient) A LYVENOB Cycle 2 High TLS Risk Ramp-Up Week 2 (Inpatient) A Clinical Decision Support note updated to: 'Give IV dexamethasone prior to oBINutuzuma infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L labs drawn for Cycle 2 Day 8.' Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine Pre-Medications Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8. Give IV dexamethasone 20 mg, IV, once oncology, drug form: inj 60 minutes prior to oBINutuzumab. Day 1 acetaminophen §50 mg, PQ, once oncology, drug form: tab 30 minutes prior to oBINutuzumab. Day 1 GiphenhydrAMINE

- 20 mg, IV, once oncology, drug form: inj
- 60 minutes prior to oBINutuzumab. Day 1







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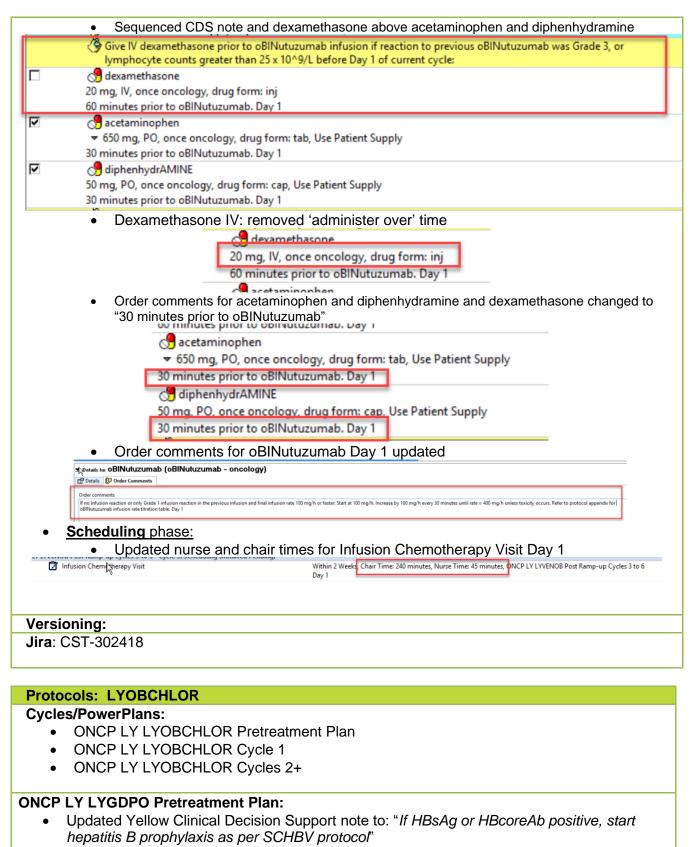
Order comments for oBINutuzumab Day 1 updated
T Details for oBINutuzumab (oBINutuzumab - oncology)
Order comments If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table. Day 1
 ONCP LY LYVENOB Cycle 2 Low/Moderate TLS Risk Ramp-Up Weeks 1 to 5 <u>Chemotherapy phase:</u> Clinical Decision Support note updated to: '<i>Give IV dexamethasone prior to oBINutuzumab</i>
infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8.
Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8:
 Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine Sequenced CDS note and dexamethasone above acetaminophen and diphenhydramine
Give IV dexamethasone prior to oBINutuzumab infusion if previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8:
C dexamethasone 20 mg, IV, once oncology, drug form: inj 60 minutes prior to oBINutuzumab. Day 8
✓ G50 mg, PO, once oncology, drug form: tab, Use Patient Supply
30 minutes prior to oBINutuzumab. Day 8
50 mg, PO, once oncology, drug form: cap, Use Patient Supply
 30 minutes prior to oBINutuzumab. Day 8 Dexamethasone IV: removed 'administer over' time
that 25 x to 5/2 in labs drawn for cycle 2 bay of
20 mg, IV, once oncology, drug form: inj
60 minutes prior to oBiNutuzumab. Day 8
Order comments for oBINutuzumab Day 8 updated
Details for oBINutuzumab (oBINutuzumab - oncology) Order Comments
Order comments 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. Refer to protocol appendix for oBINuturumab infusion rate titration table. Day 8
Scheduling phase:
Updated nurse and chair times for Infusion Chemotherapy Visit Day 8
OH/CY LY LYVENOB Cycle 2 Low/Moderate TLS Blak Ramp-Up Weeks 1 to 5 - Cycle 2. Scheduling (Industrial Pending) P Within 2 Weeks, Day 8 must be on a Thursdar, Chair Time 240 minutes, Nurse Time 45 minutes, OH/CP LY LYVENOB Cycle 2 Low/Moderate TLS Risk Ramp-Up Weeks Day 8 Day
 ONCP LY LYVENOB Post Ramp-up Cycles 3 to 6 <u>Chemotherapy phase:</u> Clinical Decision Support note updated to: '<i>Give IV dexamethasone prior to oBINutuzumab</i>
infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Day 1 of current cycle:
Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Day 1 of current cycle:







Partnering with the BC health sector, providers and citizens

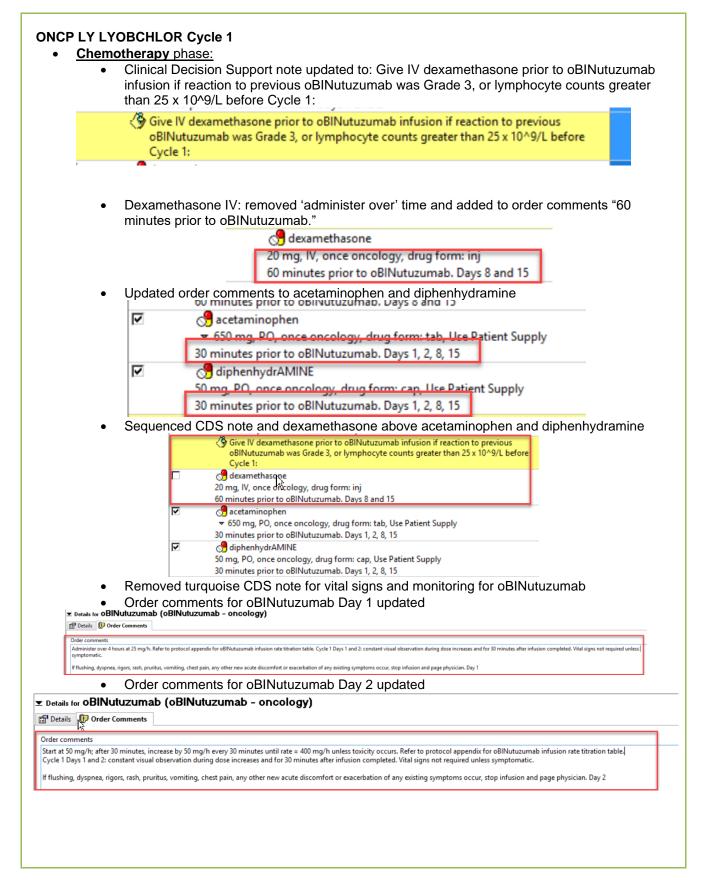


If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per SCHBV protocol















• Order comments for oBINutuzumab Days 8 and 15 updated Details Details Order co If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate was 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. Refer to protocol appendix for oBINutuzumab infusion rate titration table. Days 8 and 15 Next cycle labs phase: Added unselected ALT (in addition to HBV Viral load) Alanine Aminotransferase Blood, once, Order for future visit Hepatitis B Viral Load (Rx monitoring) Blood, once, Order for future visit Scheduling phase: • Updated nurse and chair times for Infusion Chemotherapy Visit Day 1, 2, 8, and 15 • ONCP LY LYOBCHLOR Cycle 1 - Cycle 1, Scheduling (Initiated Pending) Within 2 Weeks, Chair Time: 345 minutes, Nurse Time: 75 minutes, ONCP LY LYOBCHLOR Cycle 1 🕅 Infusion Chemotherapy Visit Day 1 • 🕅 Infusion Chemotherapy Visit Within 2 Weeks, Chair Time: 330 minutes, Nurse Time: 60 minutes, ONCP LY LYOBCHLOR Cycle 1 Day 2 7 🕅 Infusion Chemotherapy Visit Within 2 Weeks, Chair Time: 240 minutes, Nurse Time: 45 minutes, ONCP LY LYOBCHLOR Cycle 1 Day 8 🖄 Infusion Chemotherapy Visit Within 2 Weeks, Chair Time: 240 minutes, Nurse Time: 45 minutes, ONCP LY LYOBCHLOR Cycle 1 Day 15 **ONCP LY LYOBCHLOR Cycles 2+** Chemotherapy phase: Clinical Decision Support note updated to: 'Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Day 1 of current cycle:' Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Day 1 of current cycle: Dexamethasone IV: removed 'administer over' time and added to order comments "60 minutes prior to oBINutuzumab." dexamethasone 20 mg, IV, once oncology, drug form: inj 60 minutes prior to oBINutuzumab. Day 1 Updated order comments to acetaminophen and diphenhydramine ◄ A acetaminophen 650 mg, PO, once oncology, drug form: tab, Use Patient Supply 30 minutes prior to oBINutuzumab. Day 1 ◄ S diphenhydrAMINE 50 mg, PO, once oncology, drug form: cap, Use Patient Supply 30 minutes prior to oBINutuzumab. Day 1







Partnering with the BC health sector, providers and citizens

	Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte counts greater than 25 x 10^9/L before Day 1 of current cycle:
	dexamethasone
	20 mg, IV, once oncology, drug form: inj
	60 minutes prior to oBlNutuzumab. Day 1
Z.	A acetaminophen
r»	ᢦ 650 mg, PO, once oncology, drug form: tab, Use Patient Supply
	30 minutes prior to oBlNutuzumab. Day 1
•	diphenhydrAMINE
	50 mg, PO, once oncology, drug form: cap, Use Patient Supply
	30 minutes prior to oBlNutuzumab. Day 1
•	Order comments for oBINutuzumab Day 1 updated
Order comments If no infusion rea	Ander Comments
Order comments If no infusion rea oBINutuzumab i	ction or only Grade 1 influiion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for f influsion rate titration table. Day 1 Cle labs phase:
Order comments If no infusion rea oBINutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for [<u>cle labs phase:</u> Added unselected ALT (in addition to HBV Viral load)
Order comments If no infusion rea oBINutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for <u>cle labs phase:</u> Added unselected ALT (in addition to HBV Viral load)
Order comments If no infusion rea oBINutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influion 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. Refer to protocol appendix for <u>cle labs phase:</u> Added unselected ALT (in addition to HBV Viral load) <u>Cle labs phase:</u> Blood, once, Order for future visit
Order comments If no infusion rea oBINutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for Cle labs phase: Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition for the the protocol appendix for Blood, once, Order for future visit Blood, once, Order for future visit Hepatitis B Viral Load (Rx monitoring)
Order comments If no infusion rei ollNutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influion 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. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition for the the previous influence and the addition of the the toxicity occurs. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition to HBV Viral load) Hepatitis B Viral Load (Rx monitoring) Blood, once, Order for future visit
Order comments If no infusion rei ollNutuzumab i	ction or only Grade 1 influion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition for the the protocol appendix for future visit Blood, once, Order for future visit Diadod, once, Order for future visit Blood, once, Order for future visit Blood, once, Order for future visit
Next cy Sched	ction or only Grade 1 influion reaction in the previous influion and final influion 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. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition to HBV Viral load) Blood, once, Order for future visit Blood, once, Order for future visit Blood, once, Order for future visit Updated nurse and chair times for Infusion Chemotherapy Visit Day 1
Next cy Sched	ction or only Grade 1 influion reaction in the previous influion and final influion 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. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition to HBV Viral load) Blood, once, Order for future visit Blood, once, Order for future visit Blood, once, Order for future visit Updated nurse and chair times for Infusion Chemotherapy Visit Day 1
Next cy Sched	ction or only Grade 1 influion reaction in the previous influsion and final influsion 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. Refer to protocol appendix for Added unselected ALT (in addition to HBV Viral load) Added unselected ALT (in addition to HBV Viral load) Blood, once, Order for future visit Blood, once, Order for future visit Updated nurse and chair times for Influsion Chemotherapy Visit Day 1 Attinue Visit
Next cy • Sched Infusion Next cy •	cide labs phase: Added unselected ALT (in addition to HBV Viral load) Image: Blood, once, Order for future visit Image: Blood, once, Order for future visit Blood, once, Order for future visit Image: Blood, once, Order for Infusion Chemotherapy Visit Day 1 Ochevelore Blood, once, Order for Infusion Chemotherapy Visit Day 1 Ochevelore Visit
Next cy Sched	tion or only Grade 1 influsion reaction in the previous influsion and final influsion 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. Refer to protocol appendix rate influence and chain in addition to HBV Viral load).

Protocols: LYBENDO

Cycles/PowerPlans:

- ONCP LY LYBENDO Pretreatment Plan
- ONCP LY LYBENDO Cycle 1
- ONCP LY LYBENDO Cycles 2 to 6
- ONCP LY LYBENDO Cycles 7 to 18

ONCP LY LYBENDO Pretreatment Plan:

• Updated Yellow Clinical Decision Support note to: "If HBsAg or HBcoreAb positive, start hepatitis B prophylaxis as per SCHBV protocol"

If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per SCHBV protocol







ONCP LY LYBENDO Cycle 1

• Chemotherapy phase:

 Protocol description updated to: Treatment of riTUXimab-refractory Follicular Lymphoma with bendamustine in combination with oBINutuzumab

Link to Protocol: Treatment of riTUXimab-refractory Follicular Lymphoma with bendamustine in combination with oBINutuzumab

 Pre-medications for bendamustine sequenced first and all order comments for premeds for bendamustine updated

	Sector Pre-Medications
	I patient to take own supply of pre-medications. RN/Pharmacist to confirm
	Pre-medications for bendamustine:
v	🐣 ondansetron
	8 mg, PO, once oncology, drug form: tab, Use Patient Supply
	Between 30 and 60 minutes prior to bendamustine. Days 1 and 2
v	🐣 dexamethasone
	20 mg, IV, once oncology, drug form: inj
	minutes prior to bendamustine. Day 1
v	🕑 dexamethasone
	8 mg, PO, once oncology, drug form: tab, Use Patient Supply
	Between 30 and 60 minutes prior to bendamustine. Day 2

 Clinical Decision Support note updated to "Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous oBINutuzumab was Grade 3, or lymphocyte count greater than 25 x 10^9/L before Cycle 1 Day 1."
 Give IV dexamethasone prior to oBINutuzumab infusion if reaction to previous

oBINutuzumab was Grade 3, or lymphocyte count greater than 25 x 10^9/L before Cycle 1 Day 1:

 Changed offsets to bendamustine and oBINutuzumab pre-medications as now bendamustine is administered first

		R	♥ Component				Da Future F	, Pending	Day 2 Future Pending *Est, 27-Feb-2025 08:	
							'Est. 26-Feb	Actions 🔻	-Est. 27	Actions V
- H					_			Actions •		Actions
			Pre-Medications							
			Patient to take own supply of pre-medications. RN/Pharm	icist to	confirm					
			Pre-medications for bendamustine:		-					
- [•		🔗 ondansetron					-30 min		-30 min
			8 mg, PO, once oncology, drug form: tab, Use Patient Supply							
			Between 30 and 60 minutes prior to bendamustine. Days 1 and	2			Plan	ined		Planned
	~		🐣 dexamethasone							
			20 mg, IV, once oncology, drug form: inj							
			30 minutes prior to bendamustine. Day 1				Plan			
	~		🖑 dexamethasone							-30 min
			▼ 8 mg, PO, once oncology, drug form: tab, Use Patient Supp	ly					_	
			Between 30 and 60 minutes prior to bendamustine. Day 2							Planned
T					Day 1		Day 2	Day	8	Day 15
0	2 0	ompo	nent			Future Pending		Future Pending *Est. 05-Mar-2025 08:.		Future Pending
				*Est. 26-Feb-2025 08: *Est. 27 Actions 🗸		*Est. 27-F	*Est. 27-Feb-2025 08: *Est. 05-N Actions 💌		-2025 08: Actions 🔻	*Est. 12-Mar-2025 08: Actions V
-	13	Pre	-medications for oBlNutuzumab:		Actions •		Actions 🗸	,	Actions 👻	Actions •
		Giv	e IV dexamethasone prior to oBINutuzumab infusion if reaction to previous							
			Nutuzumab was Grade 3, or lymphocyte count greater than 25 x 10^9/L before le 1 Day 1:							
Г	đ		amethasone						-60 min	-60 min
Т			IV, once oncology, drug form: inj							
Ŧ	60 minutes prior to oBINutuzumab. Day 8 and 15							-	-30 min	-30 min
T	Control acetaminophen • 650 mg, PO, once oncology, drug form: tab, Use Patient Supply								-ou min	-30 min
	30 minutes prior to oBlNutuzumab. Days 1, 8, 15				Planned		+	Plann	ned	Planned
			henhydrAMINE		+30 min				-30 min	-30 min
1			PO, once oncology, drug form: cap, Use Patient Supply Ites prior to oBlNutuzumab. Days 1, 8, 15		Planned			Plann	red	Planned
	50		Acts prior to convectorined, days 1, 0, 15		- Annieu			Fidfil	icu -	Fightieu







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	6-Feb-2025 08:00 PST - 28 I Day 1	Day 2	Day 8	Day 15
	Future Pending *Est. 26-Feb-2025 08:	Future Pending *Est. 27-Feb-2025 08:	Future Pending *Est. 05-Mar-2025 08:	Future Pending *Est. 12-Mar-2025 08:
· · · ·	Actions 👻	Actions 🔻	Actions 🔻	Actions 🔻
Treatment Regimen	Planned	Planned	Planned	Planned
Zero Time	0 hr Planned	0 hr Pianned	0 hr Pianned	0 hr Pianned
Bendamustine (bendamustine - oncology) 90 mg/m2, IV, once oncology, administer over: 60 minute, drug form: bag	0 min	0 min		
Days 1 and 2 O oBINutuzumab (oBINutuzumab - oncology)	Planned + 60 min	Planned		
1,000 mg, IV, once oncology, drug form: bag Start infusion at 50 mg/h; after 30 minutes, increase by 50 mg/h every 30 minutes until	ra Planned			
oBINutuzumab (oBINutuzumab - oncology) 1,000 mg, IV, once oncology, drug form: bag			0 min	0 min
If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and fin			Planned	Planned
 Dexamethasone IV: removed 'adr 	ninister ove	er' time		
dexamethasone				
20 mg, IV, once oncology, d	lrug form: inj			
60 minutes prior to oBINutu	zumab. Days	8 and 15		
		,		
All Clinical Decision Support notes				0
with oBINutuzumab infusion if exc	•			•
Dexamethasone, Acetaminophen	•	•	•	
 Removed turquoise CDS note "Date" 				
during dose increases and for 30	minutes aft	er infusior	n complet	ed. Vital signs
required unless symptomatic"				-
 Removed turquoise CDS note "Date" 	ays 8 and 1	5: Vital sig	ans prior t	to start of infu
every increment of infusion rate, a				
 Order comments for oBINutuzuma 		•		
etails for oBINutuzumab (oBINutuzumab - oncology)				
Details Details Order Comments				
ler comments				
rt infusion at 50 mg/h; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Rei d for 30 minutes after infusion completed. Vital signs not required unless symptomatic.	fer to protocol appendix for oBI	Nutuzumab infusion rate tit	ration table. For first dose,	constant visual observation during dos
lushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing sy	mptoms occur, stop infusion ar	nd page physician. Day 1		
 Order comments for oBINutuzuma 	ab Days 8 a	and 15 up	dated	
for oBINutuzumab (oBINutuzumab - oncology)				
; 🗊 Order Comments				
nments ision reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start i	nfusion at 100 mg/h for 30 mir	nutes; if tolerated, may esc	alate rate in increments o	f 100 mg/h every 30 minutes until rat
col appendix for oBlNutuzumab infusion rate titration table. Days 8 and 15	2			2
Next cycle labs phase:				
Added unselected HBV Viral load				
🔲 🛛 🗟 📅 Hepatitis B Viral Load		ng)		
Blood, 🛵 ce, Order for fu	ture visit			
Scheduling phase:				
 Updated nurse and chair times for 	r Infusion C	hemother	apy Visit	Day 1, 2, 8, a
ONCP LY LYBENDO Cycle 1 - Cycle 1, Scheduling (Initiated Pending) Infusion Chemotherapy Visit	Within 2 Weeks	Chair Time: 450 Min	utes. Nurse Time: 75	minutes, ONCP LY LYBENDC
	Day 1			
Infusion Chemotherapy Visit	Within 2 Weeks, Day 2	Chair Time: 105 min	utes, Nurse Time: 45	minutes, ONCP LY LYBENDC
Infusion Chemotherapy Visit	Within 2 Weeks,	Chair Time: 240 min	utes, Nurse Time: 60	minutes, ONCP LY LYBENDC
Infusion Chemotherapy Visit		Chair Time: 240 min	utes, Nurse Time: 60	minutes, ONCP LY LYBENDO
	Day 15			







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ONCP LY LYBENDO Cycles 2 to 6

- Chemotherapy phase:
 - Protocol description updated to: Treatment of riTUXimab-refractory Follicular Lymphoma with bendamustine in combination with oBINutuzumab

Link to Protocol: Treatment of riTUXimab-refractory Follicular Lymphoma with bendamustine in combination with oBINutuzumab

 Pre-medications for bendamustine sequenced first and all order comments for premeds for bendamustine updated

Pre-Medications		
Patient to take own supply of pre-medications. RN/Pharmacist to confirm		
Pre-medications for bendamustine:		
🐣 ondansetron	-30 min	-30 min
8 mg, PO, once oncology, drug form: tab, Use Patient Supply		
Between 30 and 60 minutes prior to bendamustine. Days 1 and 2	Planned	Planned
If dexamethasone IV has been given the same day for the oBINutuzumap premedication, then omit dexamethasone PO		
🔗 dexamethasone	-30 min	-30 min
8 mg, PO, once oncology, drug form: tab, Use Patient Supply		
Between 30 and 60 minutes prior to bendamustine. Days 1 and 2	Planned	Planned
	 Patient to take own supply of pre-medications. RN/Pharmacist to confirm Pre-medications for bendamustine: ondansetron mg, PO, once oncology, drug form: tab, Use Patient Supply Between 30 and 60 minutes prior to bendamustine. Days 1 and 2 If dexamethasone IV has been given the same day for the oBiNutuzumap premedication, then omit dexamethasone PO dexamethasone smg, PO, once oncology, drug form: tab, Use Patient Supply 	Patient to take own supply of pre-medications. RN/Pharmacist to confirm Pre-medications for bendamustine: Ondansetron s mg, PO, once oncology, drug form: tab, Use Patient Supply Between 30 and 60 minutes prior to bendamustine. Days 1 and 2 Planned If dexamethasone IV has been given the same day for the oBINutuzumap premedication, then omit dexamethasone PO dexamethasone

Changed offsets to bendamustine and oBINutuzumab pre-medications as now bendamustine is administered first

							Day	/ 1		Da	ay 2
		*>	Companyat				Future P	ending	y F	uture	Pending
e	, e	۲	Component			*Est. 26-Feb-2025 08:			08: *Est.	*Est. 27-Feb-2025 08:	
								Action	is 🔻		Actions 🔻
			Ilatelet Count Greater Than or Equal to 80 x 10^9/L within 96 hours								
			Pre-Medications								
			Patient to take own supply of pre-medications. RN/Pharmacist to conf	firm							
			Service Pre-medications for bendamustine:								
\checkmark			🖑 ondansetron					-30 n	nin		-30 min
			8 mg, PO, once oncology, drug form: tab, Use Patient Supply								
			Between 30 and 60 minutes prior to bendamustine. Days 1 and 2				Plan	ned		Pla	nned
			If dexamethasone IV has been given the same day for the oBINutuzum premedication, then omit dexamethasone PO	ab							
•			dexamethasone					-30 n	min		-30 min
			Between 30 and 60 minutes prior to bendamustine. Days 1 and 2				Plan	ned		Pla	nned
						Day	v 1		Day 2		
			-		F	Future P		Fu	iture Pendin	a	
			Component				-2025 08:		7-Feb-2025	-	
							Actions 🔻		Actio	ns 🔻	
									-30	min	
						Plan			Planned		
			Pre-medications for oBINutuzumab:								
			Give IV dexamethasone 30 minutes prior to bendamustine, if reaction to previo oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10^9/L I Day 10 f current cycle:								
			dexamethasone				-30 min				
			20 mg, IV, once oncology, drug form: inj								
		- 4	30 minutes prior to bendamustine. Day 1								
			acetaminophen								
			 550 mg, PO, once oncology, drug form: tab, Use Patient Supply 30 minutes prior to oBINutuzumab (give during bendamustine infusion). Day 1 			Plan	ned				
							nea				
		-					+ 30 min				
		-	So minutes prior to oblivatizzarnab (give during bendamustine infusion). Day i So diphenhydrAMINE 50 mq. PO, once oncology, drug form: cap, Use Patient Supply				+ 30 min				

 Clinical Decision Support note added: 'If dexamethasone IV has been given the same day for the oBINutuzumab premedication, then omit dexamethasone PO' (above dexamethasone PO order)

> If dexamethasone IV has been given the same day for the oBINutuzumab premedication, then omit dexamethasone PO

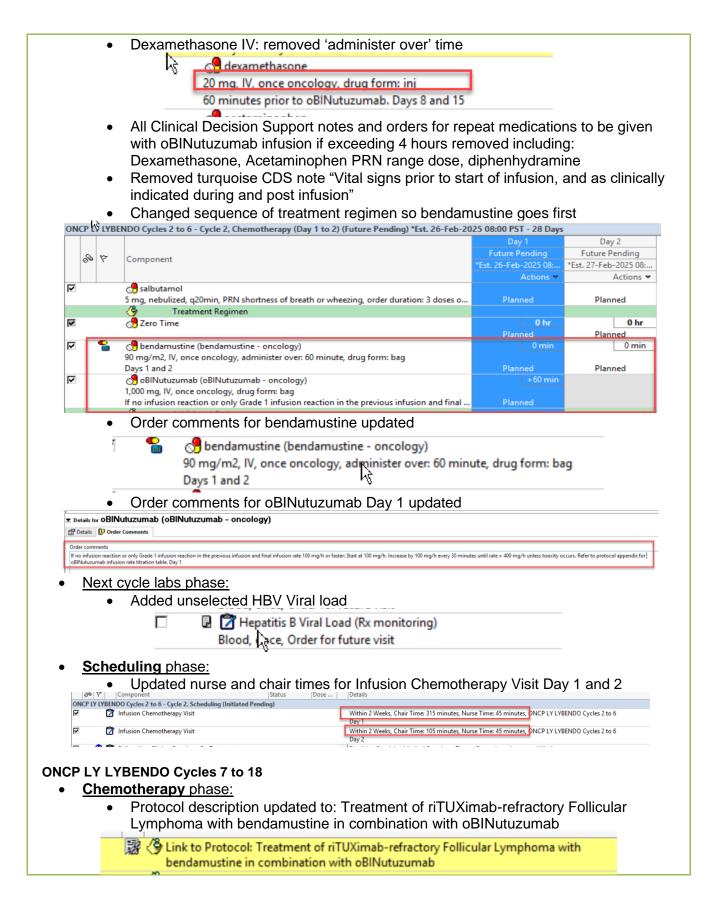
 Clinical Decision Support note updated to "Give IV dexamethasone 30 minutes prior to bendamustine, if reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10^9/L before Day 1 of current cycle"

Give IV dexamethasone 30 minutes prior to bendamustine, if reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10^9/L before Day 1 of current cycle:



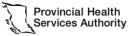


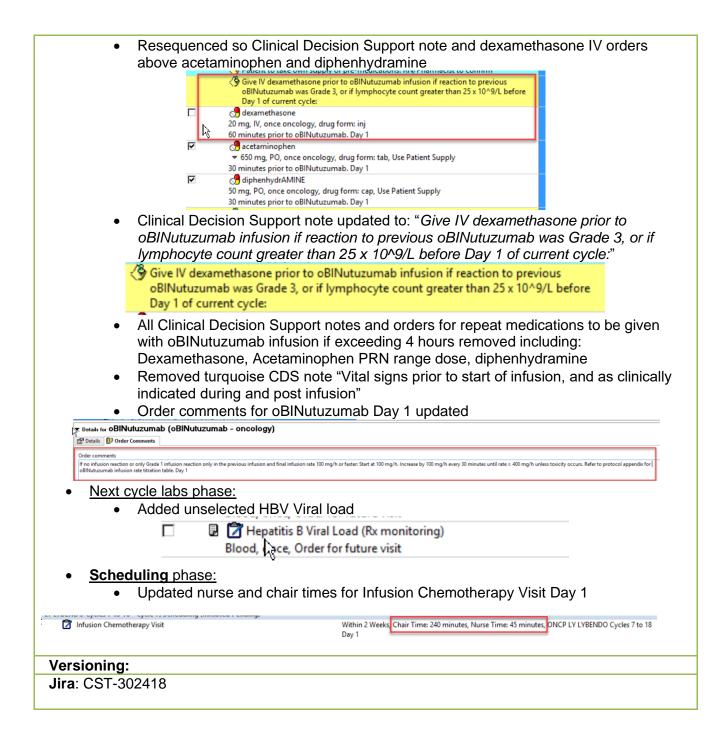


















 $\label{eq:partnering} \ensuremath{\mathsf{Partnering}}\xspace \ensuremath{\mathsf{with}}\xspace \ensuremath{\mathsf{the}}\xspace \ensuremath{\mathsf{BC}}\xspace \ensuremath{\mathsf{partnering}}\xspace \ensuremath{\mathsf{rest}}\xspace \ensuremath{\mathsf{partnering}}\xspace \ensuremath{\mathsf{rest}}\xspace \ensuremath{\mathsf{rest}$

Net New Protocols: ULYOGLOFIT, UGUPAVNABI, GIAVPEMPG

ONC LY ULYOGLOFIT (Inpatient)

ONC LY ULYOGLOFIT (Outpatient)

ONCP LY ULYOGLOFIT Pretreatment Labs

ONCP LY ULYOGLOFIT (Outpatient) Cycle 1 Day 1

ONCP LY ULYOGLOFIT (Outpatient) Cycle 2

ONCP LY ULYOGLOFIT (Outpatient) Cycle 3

ONCP LY ULYOGLOFIT (Outpatient) Cycle 4+

ONCP LY ULYOGLOFIT (Inpatient) Cycle 1 Day 8

- ONCP LY ULYOGLOFIT (Inpatient) Cycle 1 Day 15
- ONCP LY ULYOGLOFIT (Inpatient) Cycle 2
- ONCP LY ULYOGLOFIT (Inpatient) Cycle 3

ONCP LY ULYOGLOFIT (Inpatient) Cycle 4+

ONCP LY ULYOGLOFIT (Inpatient) Cycle 1 Day 8

ONC GU UGUPAVNABI

ONCP GU UGUPAVNABI Pretreatment Plan ONCP GU UGUPAVNABI Cycles 1 to 3 ONCP GU UGUPAVNABI Cycles 4+

ONC GI GIAVPEMPG CISplatin Option Cycles 1 to 8 ONC GI GIAVPEMPG CARBOplatin Option Cycles 1 to 8 ONC GI GIAVPEMPG Maintenance Gemcitabine and Pembrolizumab Option Cycles 9+ ONC GI GIAVPEMPG Maintenance Pembrolizumab Only Option Cycles 9+ ONCP GI GIAVPEMPG Pretreatment Plan ONCP GI GIAVPEMPG CISplatin Option Cycles 1 to 8 ONCP GI GIAVPEMPG CARBOplatin Option Cycles 1 to 8 ONCP GI GIAVPEMPG Maintenance Gemcitabine and Pembrolizumab Option Cycles 9+ ONCP GI GIAVPEMPG Maintenance Pembrolizumab Only Option Cycles 9+

Jira: CST-301253, CST-303661, CST-302307

Jira Ticket #	CST-305678, CST-305459, CST-305458, CST-305436, CST-303762, CST-303761, CST-302418, CST-302330, CST-301253, CST-303661, CST-302307
How-to questions?	http://cstcernerhelp.healthcarebc.ca







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