

PROTOCOL CODE: BRAVSG

| | | | | |
|---|--------------------------|---|-------------|--------------------------|
| 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 day of treatment May proceed with doses as written on Day 1 if within 72 hours ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L May proceed with doses as written on Day 8 if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____ | | | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. | | | | |
| dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment | | | | |
| AND select ONE of the following: | <input type="checkbox"/> | ondansetron 8 mg PO 30 to 60 minutes prior to sacituzumab govitecan | | |
| | <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to sacituzumab govitecan, and ondansetron 8 mg PO 30 to 60 minutes prior to sacituzumab govitecan | | |
| | <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to sacituzumab govitecan | | |
| If additional antiemetic required: | | | | |
| <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment | | | | |
| 30 Minutes Prior to treatment: | | | | |
| diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible) | | | | |
| acetaminophen 325 to 975 mg PO | | | | |
| For prior cholinergic response: | | | | |
| <input type="checkbox"/> Prophylactic atropine 0.3 mg subcutaneously 30 minutes prior to treatment | | | | |
| For prior infusion reaction: | | | | |
| <input type="checkbox"/> hydrocortisone 100 mg IV 30 minutes prior to treatment | | | | |
| <input type="checkbox"/> Other: | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | |
| TREATMENT: (Note – continued over 2 pages) | | | | |
| <input type="checkbox"/> CYCLE # 1 Day 1 | | | | |
| sacituzumab govitecan 10 mg/kg x _____ kg = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/kg = _____ mg | | | | |
| IV in 100 to 1000 mL NS over 3 hours on Day 1 . Observe for 30 minutes post-infusion | | | | |
| Pharmacist to select dose band per last page of PPO. Complete table below (please print) | | | | |
| Drug | Dose Band (mg) | Pharmacist Initial and Date | | |
| sacituzumab govitecan | | | | |
| ** TREATMENT ORDERS CONTINUED ON PAGE 2 ** | | | | |
| DOCTOR SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |

PROTOCOL CODE: BRAVSG

| | |
|--|-----------------------|
| DATE: | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | |
| TREATMENT (Continued): | |
| <input type="checkbox"/> CYCLE # 1 Day 8 sacituzumab govitecan 10 mg/kg x _____ kg = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/kg = _____ mg IV in 100 to 1000 mL NS over 1 hour on Day 8 . Observe for 30 minutes post-infusion. Pharmacist to select dose band per last page of PPO. Complete table below (please print) | |
| Drug | Dose Band (mg) |
| sacituzumab govitecan | |
| OR | |
| <input type="checkbox"/> CYCLE # 2 onwards sacituzumab govitecan 10 mg/kg x _____ kg = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/kg = _____ mg IV in 100 to 1000 mL NS over 1 hour on Days 1 and 8 . Observe for 30 minutes post-infusion. Pharmacist to select dose band per last page of PPO. Complete table below (please print) | |
| Drug | Dose Band (mg) |
| sacituzumab govitecan | |
| Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO with each episode of diarrhea until diarrhea free x 12 hours. | |
| atropine 0.3 mg subcutaneously prn. May repeat every 30 min to a maximum dose of 1.2 mg for diarrhea, abdominal cramps, rhinorrhea, increased salivation, lacrimation, diaphoresis or flushing. | |
| RETURN APPOINTMENT ORDERS | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and Day 8. <input type="checkbox"/> Book filgrastim (G-CSF) SC teaching and first dose on Cycle ____ Day ____ <input type="checkbox"/> Last Cycle. Return in _____ weeks. | |
| CBC & Diff prior to each treatment (for Day 1 and Day 8) If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> direct bilirubin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> LDH <input type="checkbox"/> albumin <input type="checkbox"/> total protein <input type="checkbox"/> random glucose <input type="checkbox"/> creatinine <input type="checkbox"/> urea <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> calcium <input type="checkbox"/> magnesium <input type="checkbox"/> phosphorous <input type="checkbox"/> CA 15-3 <input type="checkbox"/> ECG <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | |
| DOCTOR SIGNATURE: | SIGNATURE: |
| | UC: |

PROTOCOL CODE: BRAVSG

SACITUZUMAB GOVITECAN DOSE BANDING TABLE

| Ordered Dose (mg) | | Rounded dose (mg) |
|-------------------|---------|---------------------------------|
| From: | To: | |
| Less than 344 | | Pharmacy prepares specific dose |
| 344 | 374.49 | 360 |
| 374.5 | 386.49 | 380 |
| 386.5 | 419.49 | 400 |
| 419.5 | 439.49 | 420 |
| 439.5 | 459.49 | 440 |
| 459.5 | 482.49 | 460 |
| 482.5 | 524.49 | 500 |
| 524.5 | 566.49 | 540 |
| 566.5 | 608.49 | 580 |
| 608.5 | 650.49 | 620 |
| 650.5 | 694.49 | 660 |
| 694.5 | 756.49 | 720 |
| 756.5 | 819.49 | 780 |
| 819.5 | 882.49 | 840 |
| 882.5 | 945.49 | 900 |
| 945.5 | 1030.49 | 980 |
| 1030.5 | 1134.49 | 1080 |
| 1134.5 | 1240.49 | 1180 |
| 1240.5 | 1325.49 | 1260 |
| More than 1325.49 | | Pharmacy prepares specific dose |