



**PROTOCOL CODE: GIGAVCOXZ**

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**DATE:**

**\*\* Have Hypersensitivity Reaction Tray & Protocol Available\*\***

**TREATMENT:**

☐ **CYCLE #1:**

**DAY 1:**

**zolbetuximab 800 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

IV in 250 to 500 mL NS using 0.2 micron in-line filter. Start infusion at 75mg/m<sup>2</sup>/hour for 60 minutes. If no reaction after 60 minutes, increase to 150 mg/m<sup>2</sup>/hour for 60 minutes, then increase to 300mg/m<sup>2</sup>/hour for the remainder of the infusion. Refer to protocol appendix.1 for zolbetuximab infusion rate titration table. Vital signs pre- and post-infusion, at each increment change and as clinically indicated. Patient to be under constant visual observation during all rate increases. Observe for 2 hours post infusion.

**DAY 2:**

**oxaliplatin 130 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

☐ Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL D5W over 2 hours

For moderate vascular pain during oxaliplatin peripheral administration:

250 mL D5W at maximum rate of 125 mL/h concurrently with oxaliplatin prn

OR ☐ 500 mL D5W at maximum rate of 250 mL/h concurrently with oxaliplatin prn

**capecitabine 1000 mg/m<sup>2</sup> or \_\_\_\_\_ x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO bid with food x 14 days (Days 2 to 15)**

**Pharmacist to select dose band per last page of PPO. Complete table below (please print)**

Drug	Dose Band (mg)	Pharmacist Initial and Date
capecitabine		

**\*\* Treatment continued on next page\*\***

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**DATE:**

**\*\* Have Hypersensitivity Reaction Tray & Protocol Available\*\***

**TREATMENT: (continued)**

☐ **CYCLE #2 onwards**

**DAY 1:**

**zolbetuximab 600 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

IV in 250 to 500 mL NS using 0.2 micron in-line filter. Start infusion at 75mg/m<sup>2</sup>/hour for 60 minutes. If no reaction after 60 minutes, increase to 150 mg/m<sup>2</sup>/hour for 60 minutes, then increase to 300mg/m<sup>2</sup>/hour for the remainder of the infusion. Refer to protocol appendix.1 for zolbetuximab infusion rate titration table. Vital signs pre- and post-infusion, at each increment change and as clinically indicated. Observe for 2 hours post infusion. If no reaction or Grade 1 reaction during previous infusion, observe for 1 hour post-infusion. If Grade 2 reaction during previous infusion, observe for 2 hours post-infusion.

Vital signs and observation may be discontinued after 3 treatments with no infusion-related reactions.

**DAY 2:**

**oxaliplatin 130 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

☐ Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL D5W over 2 hours

For moderate vascular pain during oxaliplatin peripheral administration:

250 mL D5W at maximum rate of 125 mL/h concurrently with oxaliplatin prn

OR ☐ 500 mL D5W at maximum rate of 250 mL/h concurrently with oxaliplatin prn

**capecitabine 1000 mg/m<sup>2</sup> or \_\_\_\_\_ x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO bid with food x 14 days (Days 2 to 15)**

**Pharmacist to select dose band per last page of PPO. Complete table below (please print)**

Drug	Dose Band (mg)	Pharmacist Initial and Date
capecitabine		

**RETURN APPOINTMENT ORDERS**

- ☐ Return in **three** weeks for Doctor and Cycle \_\_\_\_\_
- ☐ Return in **six** weeks for Doctor and Cycle \_\_\_\_\_ & \_\_\_\_\_. Book treatment x 2 cycles
- ☐ Last Cycle. Return in \_\_\_\_\_ week(s)

**CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle**

If clinically indicated:

- ☐ CEA ☐ CA 19-9 ☐ ECG ☐ INR weekly ☐ INR prior to each cycle
- ☐ alkaline phosphatase ☐ albumin ☐ GGT ☐ sodium ☐ potassium
- ☐ magnesium ☐ random glucose
- ☐ Other tests:
- ☐ Weekly nursing assessment for (specify concern): \_\_\_\_\_
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

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**CAPECITABINE BANDING TABLE**

Ordered Dose (mg)		Rounded dose (mg)	Number of Tablets Per Dose	
From:	To:		150 mg	500 mg
226	375	300	2	
376	475	450	3	
476	575	500		1
576	725	650	1	1
726	900	800	2	1
901	1075	1000		2
1076	1225	1150	1	2
1226	1400	1300	2	2
1401	1575	1500		3
1576	1725	1650	1	3
1726	1900	1800	2	3
1901	2075	2000		4
2076	2225	2150	1	4
2226	2400	2300	2	4
2401	2575	2500		5
2576	2725	2650	1	5
2726	2900	2800	2	5
2901	3075	3000		6
3076	3225	3150	1	6
3226	3400	3300	2	6
3401	3575	3500		7
3576	3725	3650	1	7
3726	3900	3800	2	7