



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: ULUAVPPAF (Baseline weight less than 80 kg)

Page 2 of 3

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

DATE:

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

TREATMENT:

Cycle 1:

Day 1

pemetrexed 500 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes

CARBOplatin AUC 5 x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

amivantamab 350 mg IV in 250 mL NS. Start at 50 mL/hour. If no reactions after 2 hours, increase rate to 75 mL/hour. (use 0.2 micron in-line filter). Vital signs at start of infusion and at increment change.

Day 2

amivantamab 1050 mg

Dose Modification: _____ mg

IV in 250 mL NS. Start at 33 mL/hour. If no reactions after 2 hours, increase rate to 50 mL/hour. (use 0.2 micron in-line filter). Vital signs at start of infusion and at increment change.

Days 8

amivantamab 1400 mg

Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 65 mL/hour. (use 0.2 micron in-line filter)

Day 15

amivantamab 1400 mg

Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 85 mL/hour. (use 0.2 micron in-line filter)

Cycle 2:

pemetrexed 500 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes on **Day 1**

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes on **Day 1**

amivantamab 1400 mg

Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 125 mL/hour on **Day 1** (use 0.2 micron in-line filter)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: ULUAVPPAF (Baseline weight less than 80 kg)

Page 3 of 3

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

DATE:

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

TREATMENT: continued

Cycles 3 and 4:

pemetrexed 500 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes on **Day 1**

CARBOplatin AUC 5 x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes on **Day 1**

amivantamab 1750 mg

Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 125 mL/hour on **Day 1** (use 0.2 micron in-line filter)

Cycles 5 onward:

pemetrexed 500 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes on **Day 1**

amivantamab 1750 mg

Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 125 mL/hour on **Day 1** (use 0.2 micron in-line filter)

RETURN APPOINTMENT ORDERS

For Cycle 1, book treatment on Days 1,2, 8 and 15.

Return in three weeks for Doctor and Cycle _____. Book treatment on Day 1 only.

Last Cycle. Return in _____ week(s).

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

Vitamin B12 injection required every 9 weeks. Patient to obtain supply.

If clinically indicated for Cycle 1 Days 8 and 15:

CBC & Diff, creatinine, total bilirubin, ALT

If clinically indicated:

alkaline phosphatase **LDH** **GGT** **albumin** **sodium**

potassium **magnesium** **random glucose**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: