



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: LYMCABENDR Cycles 1 to 5

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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: _____			
☐ Delay treatment _____ week(s) ☐ CBC & Diff Day 1 of treatment			
May proceed with doses as written, if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$ and platelets greater than or equal to $50 \times 10^9/L$			
Dose modification for: ☐ Hematology ☐ Other Toxicity _____			
Proceed with treatment based on blood work from _____			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.			
ondansetron 8 mg PO prior to treatment on Days 1 and 2 dexamethasone ☐ 8 mg or ☐ 12 mg PO (select one) prior to treatment on Days 1 and 2			
☐ Other: _____			
** Have Hypersensitivity Reaction Tray and Protocol Available**			
TREATMENT:			
acalabrutinib 100 mg PO twice daily			
Dose modification if required: ☐ acalabrutinib 100 mg PO once daily			
Dispense: 28 days			
bendamustine 90 mg/m ² x BSA = _____ mg			
☐ Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg			
IV in 250 to 500 mL NS over 60 minutes on Day 1 and Day 2.			
Continued on page 2			
DOCTOR'S SIGNATURE:			SIGNATURE:
			UC:



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Date:

**** Have Hypersensitivity Reaction Tray and Protocol Available****

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

For intravenous riTUXimab infusion:

diphenhydramine 50 mg PO prior to riTUXimab IV and then q4h if IV infusion exceeds 4 hours

acetaminophen 650 mg to 975 mg PO prior to riTUXimab IV and then q4h if IV infusion exceeds 4 hours

For subcutaneous riTUXimab injection:

diphenhydramine 50 mg PO prior to riTUXimab subcutaneous

acetaminophen 650 mg to 975 mg PO prior to riTUXimab subcutaneous

☐ Other

TREATMENT: (continued)

TREATMENT #1:

riTUXimab (first dose) 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
riTUXimab			

Start at 50 mg/h. After 1 hour, increase rate by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.

For the first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.

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DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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Date:

TREATMENT: (Continued)

FOR ALL SUBSEQUENT TREATMENTS:

☐ Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab subcut (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine. Observe for 15 minutes after administration.

NB: During treatment with subcutaneous riTUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.

☐ Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

riTUXimab 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
riTUXimab			

Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 60 minutes. (total infusion time = 90 minutes)

If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.

For all subsequent doses, constant visual observation is not required.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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Cycles 1 to 5

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Date:	
RETURN APPOINTMENT ORDERS	
☐ Return in four weeks for Doctor and Cycle _____. Book treatment on Day 1 and Day 2. Note: riTUXimab to be booked within 72 hours of bendamustine.	
☐ Last Cycle. Return in _____ week(s).	
CBC & Diff, total bilirubin, ALT prior to Day 1 of each Cycle If clinically indicated: ☐ ECG ☐ creatinine ☐ PTT ☐ INR ☐ HBV viral load ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:



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riTUXimab DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 364		Pharmacy prepares specific dose
364	442.49	400
442.5	480.49	460
480.5	554.49	500
554.5	665.49	600
665.5	776.49	700
776.5	887.49	800
887.5	999.49	900
999.5	1099.49	1000
1099.5	1199.49	1100
1199.5	1299.49	1200
1299.5	1399.49	1300
1399.5	1499.49	1400
1499.5	1599.49	1500
More than 1599.49		Pharmacy prepares specific dose