

PROTOCOL CODE: ULYOGGEMOX
Cycle 1

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

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)					
All treatment days in Cycle 1: May proceed regardless of hematologic blood counts					
Dose modification for: <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
INPATIENT ORDERS:					
valACYclovir 500 mg PO once daily					
cotrimoxazole 1 DS tablet PO 3 times each week (Monday, Wednesday and Friday)					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
Ensure antiviral and antimicrobial prophylaxis is in place					
Day 1 (for oBINutuzumab):					
60 minutes prior to treatment: dexamethasone 20 mg IV					
30 minutes prior to treatment: acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one)					
Day 2 (for gemcitabine and oxaliplatin):					
ondansetron 8 mg PO prior to treatment					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment (omit if below dexamethasone IV premedication ordered)					
<input type="checkbox"/> For prior oxaliplatin hypersensitivity reactions (Grade 1 or 2):					
45 minutes prior to oxaliplatin: dexamethasone 20 mg IV in 50 mL NS over 15 minutes					
30 minutes prior to oxaliplatin: diphenhydrAMINE 50 mg IV in 50 mL NS over 15 minutes and famotidine 20 mg IV in 100 mL NS over 15 minutes (Y-site compatible)					
NO ice chips					
Days 8 and 15 (for glofitamab):					
60 minutes prior to treatment: dexamethasone 20 mg IV					
30 minutes prior to treatment: acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one)					
<input type="checkbox"/> Other:					
PREHYDRATION:					
<input type="checkbox"/> 500 mL NS IV over 30 minutes prior to glofitamab on Days 8 and 15					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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MONITORING:

Cytokine release syndrome (CRS)

Closely monitor for early CRS signs and symptoms – fever (temperature greater than 38 degrees Celsius), chills, hypoxia, hypotension (systolic blood pressure less than 100 mmHg or drop of greater than 20 mmHg from baseline), dyspnea, and tachycardia. Refer to protocol and to the separate SCCRS PPO for specific management of CRS.

Immune effector cell-associated neurotoxicity syndrome (ICANS)

Closely monitor for early ICANS signs and symptoms - in particular ICE score 7 to 9, depressed level of consciousness, ataxia, or any significant change in their clinical status. Refer to protocol and to the separate SCICANS PPO for specific management of ICANS.

Patients must be counselled on the signs and symptoms of CRS and ICANS and to seek immediate medical attention should they occur.

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

TREATMENT:

Day 1: ambulatory care treatment

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 1**. Start infusion 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 infusion rate titration table.

Due to the risk of infusion-related reactions, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed.

Day 2: ambulatory care treatment

gemcitabine 1000 mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes

oxaliplatin 100 mg/m² x BSA = _____ mg

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

IV in 250 to 500 mL D5W over 2 hours. Flush line with D5W pre and post oxaliplatin.

Day 8: inpatient treatment

In addition to IV for treatment, insert saline lock for emergency management.

Vital signs prior to glofitamab, every hour during infusion, at the end of the infusion, and as clinically indicated.

glofitamab 2.5 mg IV in 25 mL NS over 4 hours on **Day 8**

Concurrent infusion with glofitamab: Infuse NS IV at 20 mL/h via Y-site connector placed immediately before the injection site

Day 15:

If no CRS with previous dose: **ambulatory care treatment**

Vital signs prior to glofitamab, at the end of the infusion, and as clinically indicated.

glofitamab 10 mg IV in 100 mL NS over 4 hours on **Day 15**

OR

If any grade CRS with previous dose: **inpatient treatment**

In addition to IV for treatment, insert saline lock for emergency management.

Vital signs prior to glofitamab, every hour during infusion, at the end of the infusion, and as clinically indicated.

glofitamab 10 mg IV in 100 mL NS over 4 hours on **Day 15**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DATE:	
Discharge Instructions- if patient admitted to hospital: Responsible provider must assess patient and review labs (if ordered) drawn day after treatment prior to discharge.	
RETURN APPOINTMENT ORDERS	
<p>Cycle 1 Day 1 and 2: Book ambulatory care treatment Cycle 1 Day 8: Admit for inpatient treatment in one week for Cycle 1 Day 8 (glofitamab Step-up Dose 1) Cycle 1 Day 15: Book ambulatory care treatment in two weeks for Cycle 1 Day 15 (glofitamab Step-up Dose 2) OR <input type="checkbox"/> Readmit to hospital in two weeks for Cycle 1 Day 15 (glofitamab Step-up Dose 2) Return in three weeks for Doctor and Cycle 2. Book ambulatory care treatment on Day 1 only.</p>	
<p>Prior to Cycle 1 Days 8 and 15: CBC & Diff</p> <p>Prior to Cycle 2: CBC & Diff, creatinine, total bilirubin, ALT</p> <p><input type="checkbox"/> Cycle 1 Day 9: CBC & Diff, creatinine, sodium, potassium, calcium, magnesium, phosphate, ALT, alkaline phosphatase, total bilirubin, LDH (prior to discharge)</p> <p>If clinically indicated: <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> phosphate <input type="checkbox"/> calcium <input type="checkbox"/> magnesium <input type="checkbox"/> uric acid <input type="checkbox"/> albumin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> random glucose <input type="checkbox"/> immunoglobulin panel (IgA, IgG, IgM) <input type="checkbox"/> HBV viral load every 3 months <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: