

PROTOCOL CODE: ULYOGGEMOX

Cycles 2 to 8

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) <input type="checkbox"/> CBC & Diff day of treatment					
May proceed with doses as written if within 48 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"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. Ensure antiviral and antimicrobial prophylaxis is in place					
For glofitamab: <u>Cycles 2 and 3:</u> 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)					
<u>Cycles 4 to 8:</u> Optional if CRS with previous dose: <input type="checkbox"/> 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)					
For gemcitabine and oxaliplatin: ondansetron 8 mg PO prior to gemcitabine dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO prior to gemcitabine (omit if 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 <input type="checkbox"/> Other: _____					
ADDITIONAL ORDERS IF INPATIENT TREATMENT: valACYclovir 500 mg PO once daily cotrimoxazole 1 DS tablet PO 3 times each week (Monday, Wednesday and Friday)					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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DATE:	
MONITORING:	
<p>Cytokine release syndrome (CRS) Closely monitor for 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 <u>SCCRS PPO</u> for specific management of CRS.</p> <p>Patients must be counselled on the signs and symptoms of CRS and ICANS and to seek immediate medical attention should they occur.</p>	
PREHYDRATION:	
<input type="checkbox"/> 500 mL NS IV over 30 minutes prior to glofitamab	
** Have Hypersensitivity Reaction Tray and Protocol Available**	
TREATMENT:	
<input type="checkbox"/> Cycle 2: glofitamab (select one option): <input type="checkbox"/> If no Grade 2 or higher CRS with previous dose: ambulatory care treatment Vital signs prior to glofitamab, at the end of the infusion, and as clinically indicated. glofitamab 30 mg IV in 100 mL NS over 4 hours OR <input type="checkbox"/> If Grade 2 or higher 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 30 mg IV in 100 mL NS over 4 hours Observe patient for 90 minutes post glofitamab infusion. gemcitabine 1000 mg/m² x BSA = _____ mg IV in 250 mL NS over 30 minutes oxaliplatin 100 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours. Flush line with D5W pre and post oxaliplatin.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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DATE:	
** Have Hypersensitivity Reaction Tray and Protocol Available**	
TREATMENT continued:	
<input type="checkbox"/> Cycles 3 to 8:	
glofitamab (select one option):	
<input type="checkbox"/> If no Grade 2 or higher CRS with previous dose: ambulatory care treatment Vital signs prior to glofitamab, at the end of the infusion, and as clinically indicated. glofitamab 30 mg IV in 100 mL NS over 2 hours	
OR	
<input type="checkbox"/> If Grade 2 or higher 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 30 mg IV in 100 mL NS over 4 hours	
Observe patient for 90 minutes post glofitamab infusion. May discontinue observation after 3 consecutive glofitamab doses with no CRS.	
gemcitabine 1000 mg/m² x BSA = _____ mg IV in 250 mL NS over 30 minutes	
oxaliplatin 100 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours. Flush line with D5W pre and post oxaliplatin.	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book treatment on Day 1. <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Admit to hospital for Cycle _____ <input type="checkbox"/> Last cycle. Return in _____ week(s).	
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle 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.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: