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: USMAVTEB
(Cycle 1: INPATIENT TREATMENT)

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 #:** , **Day(s):**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, LDH** day of treatment

May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, ALT less than or equal to 3 X ULN, total bilirubin less than or equal to 1.5 X ULN, and creatinine clearance greater than or equal to 30 mL/min**

Dose modification for: ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

****Active transfusion consent must be in place prior to treatment****

****Two IVs must be inserted prior to treatment****

☐ Hold anti-hypertensive medications, starting 24 hours before and for 24 hours after tebentafusp infusion

OR

☐ Patient may continue to take anti-hypertensive medications

PREMEDICATIONS:

☐ **prochlorperazine** 10 mg PO or ☐ **metoclopramide** 10 mg PO prior to treatment

If required (for prior Grade 3 or higher CRS):

☐ **dexamethasone 4 mg** PO 30 to 60 minutes prior to treatment

☐ **acetaminophen 975 mg** PO 30 minutes prior to treatment

If required (for prior Grade 2 or higher skin toxicity):

☐ **diphenhydrAMINE 50 mg** IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible) 30 minutes prior to treatment

☐ **Other:**

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

HYDRATION

NS IV at 50 mL/h

TREATMENT:

tebentafusp 20 mcg IV in 100 mL NS with albumin 5% 0.5 mL over 15 minutes using 0.2 micron in-line filter on **Day 1, THEN**

tebentafusp 30 mcg IV in 100 mL NS with albumin 5% 0.5 mL over 15 minutes using 0.2 micron in-line filter on **Day 8, THEN**

tebentafusp 68 mcg IV in 100 mL NS with albumin 5% 0.5 mL over 15 minutes using 0.2 micron in-line filter on **Day 15**

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DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DATE:

Patients to be monitored for at least 16 hours after dosing.

Vital signs immediately prior to start of infusion, at completion of infusion, 30 and 60 minutes post infusion completion and then every 2 hours (or more frequently if indicated), for the first 12 hours after administration. If there is a drop in blood pressure or clinical evidence of CRS, continue to monitor vital signs according to reaction severity. Otherwise, reduce monitoring to every 4 hours.

Cytokine Release Syndrome (CRS)
Clinical symptoms indicative of CRS are **fever, rigors, hypotension and hypoxemia**
Symptoms may also include but are not limited to: tachycardia, tachypnea, dyspnea, nausea, vomiting, diarrhea, mental status changes, transaminitis, fatigue, malaise, myalgias, headache, rash

Patients should be closely monitored for early signs and symptoms indicative of CRS – in particular fevers (temperature greater than 38 degrees Celsius), rigors, hypotension (systolic blood pressure less than 100 mmHg or drop of greater than 20 mmHg from baseline) and hypoxia.

Refer to the separate CRS PPO for specific management of CRS

SUPPORTIVE MEDICATIONS*:

☐ **loratadine 10 mg** PO q6h PRN for rash/pruritus
☐ **montelukast 10 mg** PO once PRN for pruritus refractory to antihistamines
☐ **betamethasone valerate 0.1%** cream apply topically as needed to rash
☐ **menthol 4% gel** apply topically as needed to rash

*** See also: SCCRS orders**

Discharge Instructions:
Responsible provider must assess patient and review labs drawn morning after treatment prior to discharge.

RETURN APPOINTMENT ORDERS

Readmit to hospital in **1 week** for Day 8 and in **2 weeks** for Day 15.

Return in **three** weeks for Doctor and Cycle 2. Book treatment on Days 1, 8, and 15

Cycle 2, prior to each treatment (Days 1, 8 and 15): **CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, phosphate, ALT, alkaline phosphatase, total bilirubin, LDH**

If admission to hospital required, morning after each treatment (Days 2, 9, 16): **CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, phosphate, ALT, alkaline phosphatase, total bilirubin, LDH**

☐ **ECG** prior to treatment on Day 8 and Day 15
☐ **ECG** morning after each treatment (Days 2, 9, 16)
☐ **ECG** prior to Cycle 2

If clinically indicated:
☐ **Random glucose**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**