

PROTOCOL CODE: UGIPRRT

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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(s) #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets, creatinine day of treatment May proceed with doses as written if within 14 days ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 40 mL/min.					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
ondansetron 8 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV prior to 2.5% Lys-Arg amino acid infusion treatment <input type="checkbox"/> Other:					
Have Hypersensitivity Reaction Tray and Protocol Available					
TREATMENT: (to be delivered at BC Cancer Vancouver Centre only)					
2.5% Lys-Arg Amino Acid IV infuse at a rate of 250 mL/hr					
If 30 minutes, begin concomitant infusion of ¹⁷⁷ Lu-Dotatate (LUTATHERA) and continue infusion for at least 3 hours after ¹⁷⁷ Lu-Dotatate (LUTATHERA) infusion.					
Start ¹⁷⁷Lu-Dotatate (LUTATHERA) 30 minutes after the start of 2.5% Lys-Arg Amino Acid infusion.					
<input type="checkbox"/> ¹⁷⁷ Lu-Dotatate (LUTATHERA) 7.46 GBq/200 mCi IV over 30 minutes x every 8 weeks <input type="checkbox"/> Dose Modification: ¹⁷⁷Lu-Dotatate (LUTATHERA) 3.7 GBq/100 mCi IV over 30 minutes x every 8 weeks Initiate infusion at 50 mL/hr-100 mL/hr for 5-10 min, then increase infusion rate to 200 mL/hr – 300 mL/hr until done. Continue infusion until the level of radioactivity in the vial becomes stable for at least five minutes.					
Patient must be kept in radiation isolation for a period of 4-5 hours following administration of ¹⁷⁷Lu-Dotatate (LUTATHERA) and discharge dose rate must be less than 25 microSv/hr at 1 meter distance.					
Please contact PET department at 675902/ 675953/ 675951 and Radiation Safety Officer if spill occurs.					
Nuclear Medicine Technician will not remove IV until patient is discharged. Patient may be discharged at the discretion of the Nuclear Medicine Technician after the radiation isolation period is complete.					
For symptoms of carcinoid flare such as diarrhea, flushing, hypotension, bronchoconstriction or unstable vitals: octreotide 100 mcg <input type="checkbox"/> subcutaneously x 1 STAT . May repeat in 5 minutes x 1 PRN (total dose 200 mcg SC) OR octreotide 200 mcg <input type="checkbox"/> subcutaneously x 1 STAT . Call MD after 1 st dose of octreotide. Then <input type="checkbox"/> octreotide 100 mcg subcutaneously or <input type="checkbox"/> octreotide 200 mcg subcutaneously every 1 hour PRN.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in six weeks for Doctor (medical oncology) and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, albumin, total bilirubin, ALT, INR two weeks prior to each cycle (prior to doctor's appointment)</p> <input type="checkbox"/> INR weekly <input type="checkbox"/> PT prior to each cycle <input type="checkbox"/> CgA <input type="checkbox"/> HbA1c <input type="checkbox"/> ECG <input type="checkbox"/> Other tests : <input type="checkbox"/> Weekly Nursing Assessment for (specific concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: