



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: LYCHOPO Page 1 of 3
(Induction Cycles 2 to 6)

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 96 hours ANC greater than or equal to 0.8 x 10⁹/L and platelets greater than or equal to 80 x 10⁹/L					
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 _____.					
PREMEDICATIONS FOR DOXOrubicin, vinCRISTine, and cyclophosphamide:					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment. If dexamethasone has been given the same day for the oBINutuzumab premedication, then omit.					
and select ONE of the following:					
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide					
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide					
PREMEDICATIONS FOR oBINutuzumab INFUSION:					
30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:					
acetaminophen 650 to 975 mg PO					
diphenhydrAMINE 50 mg PO					
If previous oBINutuzumab reaction was Grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before treatment:					
60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:					
<input type="checkbox"/> dexamethasone 20 mg IV in 50 mL NS over 15 minutes					
<input type="checkbox"/> Other:					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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(Induction Cycles 2 to 6)

Date:	
** Have Hypersensitivity Reaction Tray and Protocol Available **	
TREATMENT:	
Days 1 to 5: predniSONE 45 mg/m ² x BSA = _____ mg PO daily in AM on Days 1 to 5 . (Round dose to nearest 25 mg)	
Day 1:	
DOXOrubicin 50 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push on Day 1 .	
vinCRiStine 1.4 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 15 minutes on Day 1 .	
cyclophosphamide 750 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1 .	
<u>If cardiac dysfunction:</u>	
Omit DOXOrubicin. Give etoposide 50 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Day 1 (Use non-DEHP tubing with in-line filter), AND etoposide 100 mg/m ² x BSA x (_____ %) = _____ mg PO on Days 2 and 3 (Round dose to nearest 50 mg)	
<u>If total bilirubin greater than 85 micromol/L:</u>	
Omit DOXOrubicin. Change cyclophosphamide to 1100 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1 .	
EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:	
hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn	
Day 1: oBINutuzumab 1000 mg IV in 250 mL NS on Day 1 . If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h . Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.	
Vital signs prior to start of infusion, and as clinically indicated during and post infusion. Refer to protocol for resuming infusion following a reaction	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



Provincial Health Services Authority

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(Induction Cycles 2 to 6)

Date:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo for Day 1 only. <input type="checkbox"/> Cycle 6: Return in two months (calculate in months, not weeks) for Doctor and Cycle 7. Book chemo for Day 1 only.	
CBC & Diff prior to Day 1 of each cycle If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: