PROTOCOL CODE: LYGDPO (Induction Cycle 1)

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** Day 1 of treatment

Day 1 and Day 2: May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 60 mL/min**

Day 8 and Day 15: 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**

For split dose CISplatin only:

Day 1 and Day 2: May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 45 mL/min**

Day 8 and Day 15: 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, creatinine clearance greater than or equal to 45 mL/min**

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

DAY 1 (and DAY 8 if split dose CISplatin being given):

PREMEDICATIONS FOR gemcitabine, CISplatin, or CARBOplatin:

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to treatment on ☐ Day 1 (and ☐ Day 8)

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment

Day 2:

PREMEDICATIONS FOR oBINutuzumab INFUSION:

60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:
dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:
acetaminophen 650 to 975 mg PO
diphenhydrAMINE 50 mg PO

Continued on Page 2

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DATE:

PREMEDICATIONS, continued:

DAY 8 (unless split dose CISplatin being given):

PREMEDICATIONS FOR gemcitabine

prochlorperazine 10 mg PO prior to gemcitabine

Day 8 and Day 15:
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:

☐ **dexamethasone 20 mg IV** in 50 mL NS over 15 minutes

☐ **Other:**

PRE-HYDRATION:

1000 mL NS IV over 1 hour prior to CISplatin on Day 1 (and Day 8 if split dose CISplatin given)

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

TREATMENT:
Days 1 to 4:

dexamethasone 40 mg PO daily in AM on **Days 1 to 4**.

Day 1:

gemcitabine 1000 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 1 (and Day 8- see next page)**

CISplatin 75 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 only.**

OR (only split CISplatin Day 1 and 8 if creatinine clearance on Day 1 less than 60 mL/min)

CISplatin 37.5 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 (and Day 8- see next page)**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg (maximum 800 mg)
☐ Dose Modification: _____% = _____ mg
IV in 100 to 250 mL NS over 30 minutes on **Day 1 only.**

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DOCTOR'S SIGNATURE: **SIGNATURE:**

UC:

(Induction Cycle 1)

DATE:

TREATMENT, continued:

Day 2:

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 2**. 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.

Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion. Refer to protocol for resuming infusion following a reaction.

Day 8:

gemcitabine 1000 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 8**

If split dose CISplatin:

CISplatin 37.5 mg/m^2 x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8**

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 8.** If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at **100 mg/h** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion. Refer to protocol for resuming infusion following a reaction.

Day 15:

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 15.** If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at **100 mg/h** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion. Refer to protocol for resuming infusion following a reaction.

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

DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **three** weeks for Doctor and Cycle 2. Book chemo on Day 1 and Day 8.	
CBC & Diff, creatinine prior to each cycle **CBC & Diff** on Day 8 **Creatinine** on Day 8 if split dose CISplatin ordered ☐ **Other tests:** ☐ **Consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**