

PROTOCOL CODE: LYGDP0 Page 1 of 3
(Induction Cycles 2 to 6)

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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: May proceed with doses as written, if within 72 hours **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 60 mL/min**

Day 8: 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**

For split dose CISplatin only:

Day 1: May proceed with doses as written, if within 72 hours **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 45 mL/min**

Day 8: 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**, 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). If dexamethasone has been given the same day for the oBINutuzumab premedication, then omit.

AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and 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"/>	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

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 10⁹/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

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UC:

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DATE:

PREMEDICATIONS, continued:

DAY 8 (unless split dose CISplatin being given)

PREMEDICATIONS FOR gemcitabine

prochlorperazine 10 mg PO prior to gemcitabine

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/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 1 (and Day 8- see next page)**

CISplatin 75 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² 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/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² 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 800mg)

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes on **Day 1 only**

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

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DATE:

TREATMENT, continued:

Day 8:

gemcitabine 1000 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

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

If split dose CISplatin:

CISplatin 37.5 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² 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**

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8.

Cycle 6: Return in **two** months (calculate in months, not weeks) for Doctor and Cycle 7. Book chemo for Day 1 only.

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.

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SIGNATURE:

UC: