

**PROTOCOL CODE: ULYEPCOR**

**Cycle 1**

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment  May proceed with doses as written if within 48 hours: <b>ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, platelets greater than or equal to 50 x 10<sup>9</sup>/L.</b>  Dose modification for: <input type="checkbox"/> Other Toxicity: _____  Proceed with treatment based on blood work from _____					
<ul style="list-style-type: none"> <li>Physician to ensure antimicrobial prophylaxis</li> </ul> <b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.  <input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to each dose of epcoritamab  dexamethasone 16 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 30 to 60 minutes prior to each dose of epcoritamab acetaminophen 650 mg to 975 mg PO 30 to 60 minutes prior to each dose of epcoritamab diphenhydramine 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 30 to 60 minutes prior to each dose of epcoritamab  <input type="checkbox"/> Other:  **Ensure patient continues to take dexamethasone for 3 consecutive days after each epcoritamab dose**					
<b>PREHYDRATION:</b>					
<input type="checkbox"/> 500 mL NS IV over 30 minutes prior to epcoritamab					
<b>MONITORING: Patients must be admitted to hospital for monitoring for at least 24 hours after Cycle 1 Days 1, 8 and 15, unless there is a local plan in place for rapid assessment and intervention of suspected CRS and ICANS following outpatient administration. See protocol for more details.</b>					
<b>Cytokine release syndrome (CRS)</b> 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 <a href="#">SCCRS PPO</a> for specific management of CRS.					
<b>Immune effector cell-associated neurotoxicity syndrome (ICANS)</b> Clinical symptoms indicative of ICANS are headache, confusion, disorientation, speech disturbances, altered levels of consciousness, seizures and motor weakness. Symptoms may also include, but are not limited to: lethargy, aphasia, difficulty concentrating, agitation, tremor, and rarely cerebral edema. Patients should be closely monitored for early signs and symptoms indicative of ICANS- in particular ICE score 7 to 9, depressed level of consciousness, ataxia, or any significant change in their clinical status. Refer to the separate <a href="#">SCICANS PPO</a> for specific management of ICANS.					
<b>Patients must be counselled on the signs and symptoms of CRS and ICANS and to seek immediate medical attention should they occur. Patients must remain within the proximity of the treating facility for at least 24 hours following Step-up and the first full treatment doses (Cycle 1, Days 1, 8 and 15).</b>					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

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<b>DATE:</b>	
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>	
<b>TREATMENT:</b>	
Vital signs (including blood pressure, heart rate, temperature and pulse oximetry) to be done prior to each dose on Day 1, 8, 15 and 22 and as clinically indicated.	
epcoritamab 0.16 mg subcutaneous injection on Day 1	
THEN	
epcoritamab 0.8 mg subcutaneous injection on Day 8	
THEN	
epcoritamab 48 mg subcutaneous injection on Day 15	
THEN	
epcoritamab 48 mg subcutaneous injection on Day 22	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Admit for inpatient treatment on Day 1, 8 and 15 and book outpatient treatment on Day 22 OR <input type="checkbox"/> Book outpatient treatment on Day 1, 8, 15 and 22 Return in <b>4 weeks</b> for Doctor and Cycle 2. Book outpatient treatment on Days 1, 8, 15 and 22	
Prior to each treatment: <b>CBC &amp; Diff</b>  <input type="checkbox"/> If patient not admitted to hospital for monitoring, nurse telephone follow up for CRS and ICANS assessment on Days 2, 9, 16 and 23  If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> sodium, potassium <input type="checkbox"/> total bilirubin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> calcium <input type="checkbox"/> ALT <input type="checkbox"/> phosphate <input type="checkbox"/> magnesium <input type="checkbox"/> uric acid <input type="checkbox"/> albumin <input type="checkbox"/> random glucose <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests <input type="checkbox"/> Other:	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>