PROTOCOL CODE: ULY0UF (epcoritamab) Cycle 1

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 #:**

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

May proceed with doses as written if within 48 hours: **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L.**

Dose modification for: ☐ Other Toxicity: _____

Proceed with treatment based on blood work from _____

- Physician to ensure antimicrobial prophylaxis

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

☐ **prochlorperazine 10 mg** PO or ☐ **metoclopramide 10 mg** PO prior to each dose of epcoritamab

dexamethasone 16 mg ☐ PO or ☐ 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 ☐ PO or ☐ IV (select one) 30 to 60 minutes prior to each dose of epcoritamab

☐ **Other:**

Ensure patient continues to take dexamethasone for 3 consecutive days after each epcoritamab dose

PREHYDRATION:

☐ 500 mL NS IV over 30 minutes prior to epcoritamab

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.

Cytokine release syndrome (CRS)

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 SCCRS PPO for specific management of CRS.

Immune effector cell-associated neurotoxicity syndrome (ICANS)

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 SCICANS PPO for specific management of ICANS.

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).

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

PROTOCOL CODE: ULY0UF (epcoritamab) Cycle 1

DATE:

****Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

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.

If patient is admitted to hospital for monitoring, insert a saline lock for Cycle 1 Days 1, 8 and 15 for emergency management of CRS and ICANS symptoms

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**

RETURN APPOINTMENT ORDERS

☐ Admit for inpatient treatment on Day 1, 8 and 15 and book outpatient treatment on Day 22 OR
☐ Book outpatient treatment on Day 1, 8, 15 and 22
Return in **4 weeks** for Doctor and Cycle 2. Book outpatient treatment on Days 1, 8, 15 and 22

Prior to each treatment: **CBC & Diff**

☐ 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:

☐ **Creatinine** ☐ **Sodium, potassium** ☐ **Total bilirubin**
☐ **Alkaline phosphatase** ☐ **LDH** ☐ **Calcium** ☐ **ALT**
☐ **Phosphate** ☐ **Magnesium** ☐ **Uric acid** ☐ **Albumin** ☐ **Random glucose**
☐ **Consults:**
☐ **See general orders sheet for additional requests**
☐ **Other:**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: