



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 and according to acceptable standards of care

PROTOCOL CODE: LYVENOB (Cycle 1)

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DOCTOR'S ORDERS	Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	Cycle # 1
<input type="checkbox"/> Low-medium TLS Risk- Days 1, 8, 15 chemo must be given on a Thursday <input type="checkbox"/> High TLS Risk – chemo not restricted to a Thursday and consider inpatient admission	
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment	
Day 1: May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 25 x 10⁹/L, total bilirubin <u>less than or equal to</u> 3 x ULN	
Day 2: May proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 25 x 10⁹/L, chemistry normal	
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____	
Proceed with treatment based on blood work from _____	
Tumor Lysis Prophylaxis: Patient to take own supply. RN/Pharmacist to confirm _____ allopurinol 300 mg PO daily start at least 72 hours prior to first dose of oBINutuzumab Advise patient to drink 1.5 to 2 L of fluids daily starting 48 hours prior to first dose of oBINutuzumab and continue until Cycle 3 Day 1	
PREMEDICATIONS FOR oBINutuzumab INFUSION: Patient to take own acetaminophen and diphenhydrAMINE supply. RN/Pharmacist to confirm: _____ If order, ensure patient has taken steroid the day(s) prior to infusion.	
<u>Day 1 and Day 2</u> 60 minutes prior to infusion: dexamethasone 20 mg IV in 50 mL NS over 15 minutes 30 minutes prior to infusion: acetaminophen 650 to 975 mg PO diphenhydrAMINE 50 mg PO	
<u>Day 8 and Day 15</u> 30 minutes prior to infusion: acetaminophen 650 mg to 975 mg PO diphenhydrAMINE 50 mg PO	
If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before treatment: 60 minutes prior to infusion: <input type="checkbox"/> dexamethasone 20 mg IV in 50 mL NS over 15 minutes	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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Date:	
Have Hypersensitivity Reaction Tray and Protocol Available	
<p>Day 1</p> <p>oBINutuzumab 100 mg IV in 100 mL NS. Administer over 4 hours at 25 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table</p> <p>Day 2</p> <p>oBINutuzumab 900 mg IV in 250 mL NS. Start at 50 mg/h. 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.</p> <p>Day 8 and Day 15</p> <p>oBINutuzumab 1000 mg IV in 250 mL NS. 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.</p> <p>Vital signs prior to start of infusion and at every increment of infusion rate and as clinically indicated post infusion. For cycle 1 day 1, vital signs prior to start of infusion, at hour 2 and then post infusion.</p> <p>Refer to protocol for resuming infusion following a reaction.</p> <p>If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks or ____ weeks for Doctor and Cycle 2. Note: Chemo dates for Cycle 1 Days 1, 8 and 15, and Cycle 2 Day 8 must be on a Thursday for Low-Medium TLS risk patients- refer to page 1 for TLS risk category For Cycle 1, book chemo on Day 1, Day 2, Day 8 and Day 15 For Cycle 2, book chemo on Day 8 (i.e. 4 weeks from Cycle 1 Day 1)	
Prior to Cycle 1 Day 2: CBC & differential, potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin Prior to Cycle 2: CBC & differential, potassium, calcium, phosphate, uric acid, creatinine, total bilirubin, ALT, LDH, albumin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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Fill prescription at a community pharmacy

DATE:

allopurinol 300 mg PO daily. Start at least 72 hours prior to first dose of oBINutuzumab.

Start date: _____ (Monday)

Mitte: _____ weeks (minimum 8 weeks) Refill x _____

Reminder to patient: Drink 1.5 to 2 litres of fluid (8 glasses) every day for the first 8 weeks, starting 2 days before oBINutuzumab infusion

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____