



# BC Cancer Agency

CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAVLHRHA

## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

DATE:

TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist

☐ **letrozole 2.5 mg PO daily** Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

OR

☐ **anastrozole 1 mg PO daily** Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

OR

☐ **exemestane 25 mg PO daily** Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

PLUS

**buserelin acetate** ☐ **6.3 mg SC every 6 weeks x 2 treatments**

☐ **6.3 mg SC every 8 weeks x \_\_\_\_\_ treatments**

☐ **9.45 mg SC every 12 weeks x \_\_\_\_\_ treatments**

OR

**goserelin acetate** ☐ **3.6 mg SC every 4 weeks x \_\_\_\_\_ treatments**

☐ **10.8 mg SC every 12 weeks x \_\_\_\_\_ treatments**

OR

**leuprolide acetate** ☐ **7.5 mg IM every 4 weeks x \_\_\_\_\_ treatments**

☐ **22.5 mg IM every 12 weeks x \_\_\_\_\_ treatments**

## RETURN APPOINTMENT ORDERS

☐ Return in \_\_\_\_\_ weeks.

If clinically indicated: ☐ serum cholesterol ☐ triglycerides

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: