



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: UBRAVLCAP

A BCCA "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>
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment				
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>75 \times 10^9/L</math>, Creatinine Clearance greater than 50 mL/min.</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>CHEMOTHERAPY:</b>				
<b>Capecitabine <math>1000 \text{ mg/m}^2</math></b> x BSA x (_____% ) = _____mg PO BID with food x 14 days on days 1 –14. (Round dose to nearest 150 mg)				
<b>Lapatinib</b> 1250 mg or _____mg PO ONCE DAILY on days 1 - 21 (continuously). Take at least one hour before or at least one hour after a low fat meal. (round dose to nearest 250 mg)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, bilirubin, AST, Alk Phos, ALT</b> prior to each cycle				
<input type="checkbox"/> <b>INR Weekly</b> <input type="checkbox"/> <b>INR prior to each cycle</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				UC: