



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 and according to acceptable standards of care

PROTOCOL CODE: BRAJLHRHAI

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 _____ months.

If clinically indicated: ☐ serum cholesterol ☐ triglycerides ☐ bone density

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: