



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: UBRAVPALAI

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

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:

To be given:

Cycle #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ CBC & Diff, platelets, creatinine day of treatment

May proceed with doses as written if within 48 hours **ANC greater than or equal to $1.0 \times 10^9/L$.**

Dose modification for: ☐ Other Toxicity _____

Proceed with treatment based on blood work from _____

TREATMENT:

palbociclib 125 mg or _____ mg PO once daily with food x 21 days on Days 1 to 21, then 7 days off.

PLUS

☐ **letrozole** 2.5 mg PO daily **continuously** Mitte: _____ tablets Repeat x _____

OR

☐ **anastrozole** 1 mg PO daily **continuously** Mitte: _____ tablets Repeat x _____

For women needing chemically induced menopause:

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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DOCTOR'S ORDERS

DATE:

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____

☐ Last Cycle. RTC in _____ week(s).

Cycles 1 to 6: CBC & Diff, Platelets prior to each cycle.

Cycles 1 and 2: CBC & diff, platelets on Day 15

Cycles 7 onwards: CBC & diff, platelets prior to ☐ each cycle ☐ every third

If Clinically Indicated: ☐ Creatinine ☐ ALT ☐ Alk Phos ☐ Bilirubin ☐ GGT

☐ LDH ☐ CA15-3 ☐ ECG ☐ Serum cholesterol

☐ Triglycerides

☐ Other tests:

☐ Consults:

☐ See general orders sheet for further orders

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: