



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: BRAVEVEX

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: _____	To be given: _____	Cycle #: _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient's own supply. Dexamethasone mouthwash (see protocol). Start on Day 1 of everolimus treatment; continue for 8 weeks (2 cycles). May continue up to a maximum of 16 weeks (4 cycles) at the discretion of the treating oncologist.		
Treatment: <input type="checkbox"/> everolimus 10 mg PO on an empty stomach or after a fat-free meal daily <input type="checkbox"/> Dose Modification: everolimus 5 mg PO on an empty stomach or after a fat-free meal daily (dose level -1) <input type="checkbox"/> Dose Modification: everolimus 5 mg PO on an empty stomach or after a fat-free meal every other day (dose level -2) Mitte: _____ days supply of everolimus (Cycle 1: max 30 days, Cycle 2 onwards: max 90 days)		
AND exemestane 25 mg PO daily. Mitte: _____ days		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Cycle 1: Return in 4 weeks for Doctor and Cycle 2 <input type="checkbox"/> Cycle 2 onwards : Return in <input type="checkbox"/> 4 weeks OR <input type="checkbox"/> 8 weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets, ALT, LDH, alkaline phosphatase, total bilirubin, albumin, random glucose prior to cycle 2 CBC & Diff, Platelets, random glucose prior to each return to clinic (RTC) If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos <input type="checkbox"/> ALT <input type="checkbox"/> LDH <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Random Glucose <input type="checkbox"/> Tot. cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> HBsAg <input type="checkbox"/> HBcoreAb <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE: _____		SIGNATURE: _____
		UC: _____