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: ULYMFBEX (PO)**

*A BCCA "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:

May proceed with doses as written if within 24 hours (for first treatment) or 7 days (for subsequent prescriptions) ANC **greater than** 0.8 x $10^9$ /L, fasting triglycerides **less than or equal to** 3.5 mmol/L and AST and bilirubin **less than or equal to** 3 times the upper limit of normal range.

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

**TREATMENT:**

**Bexarotene 300 mg/m²/day** OR **400 mg/m²/day** OR **200 mg/m²/day** (circle one) = _____ mg PO once daily with a meal. (round off to nearest 75 mg)

Mitte: _____ months

**RETURN APPOINTMENT ORDERS**

| | |
|---|---|
| ☐ Return in **eight** weeks for Doctor.<br><br>☐ Return in _____ week(s). | |
| **CBC & Diff, Platelets, AST, Bilirubin, Fasting Trigylcerides, TSH and T4** every two months.<br><br>**AST, Bilirubin** at 1, 2 and 4 weeks after initiating treatment<br><br>☐ **Fasting Triglycerides** weekly x _____ weeks (until stabilization – usually first 2-4 weeks)<br><br>☐ **Other tests:**<br><br>☐ **Consults:**<br><br>☐ **See general orders sheet for additional requests.** | |
| **DOCTOR'S SIGNATURE:** | **SIGNATURE:**<br><br>**UC:** |