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: LUSCTOP

Class II Drug:
Recurrent/progressive small cell lung cancer following first line therapy

For other indications, a BCCA *"Compassionate Access Program"* request form must be completed and approved prior to treatment.

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, and CrCl greater than or equal to 40 mL/minute.**

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

Ondansetron 8 mg PO prior to treatment
Dexamethasone 8 mg or **12 mg** *(circle one)* PO prior to treatment
☐ **Prochlorperazine 10 mg** PO prn
☐ **Metoclopramide 10 mg** PO prn
☐ **Other:**

CHEMOTHERAPY:

Topotecan 1.5 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____mg/m^2 x BSA = _____mg
IV in 50 mL NS over 30 minutes Days 1-5

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo x 5 days.

☐ Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets, Creatinine prior to each cycle
CBC and Diff, Platelets weekly
☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: