



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: BRAVCAP

Class II Drug

Indication for Use:

- Metastatic breast cancer that has previously responded to an anthracycline and taxane (unless contraindicated), or where side effect profile and/or treatment delivery concerns would favour initial use of BRAVCAP.

*For other indications, an "Undesignated Indications Request" form must be approved prior to use.

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, and Creatinine day of treatment					
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10 ⁹ /L, Platelets greater than or equal to 75 x 10 ⁹ /L, Creatinine Clearance greater than 50 mL/min.					
Dose modification for: <input type="checkbox"/> Age /ECOG <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
Proceed with treatment based on blood work from _____					
CHEMOTHERAPY:					
Capecitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA x (_____ %) = _____ mg PO BID with food x 14 days on days 1 –14. (Round dose to nearest 150 mg)					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ weeks.					
CBC & Diff, Platelets, and Creatinine prior to each cycle					
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"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for further orders					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: