



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: GOOVGEM

Class II Drug:

Recurrent or progressing epithelial ovarian, fallopian tube or primary peritoneal cancer.

*For other indications or for more than six cycles, 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:				
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS:				
<input type="checkbox"/> Prochlorperazine 10 mg PO prior to treatment <input type="checkbox"/> Metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> Other:				
CHEMOTHERAPY:				
Gemcitabine 800 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1, 8 and 15.				
DOSE MODIFICATION (If required for Day 8 and / or 15)				
Day 8 and 15 OR Day 15 (circle one)				
Gemcitabine 800 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1, 8 and 15. <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
Cycle 1: CBC & Diff, platelets prior to Day 1, and on Days 8, and 15. Subsequent cycles: CBC & Diff, platelets prior to Day 1; if indicated, also on <input type="checkbox"/> Day 8 and/or <input type="checkbox"/> Day 15. <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: