



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: UGUSUNI

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form
One cycle = 6 weeks

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

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**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Sunitinib 50 mg or _____ mg PO once daily for 4 weeks followed by 2 weeks rest. Mitte: _____ days.

OR

Sunitinib 37.5 mg or _____ mg PO once daily continuously. Mitte: _____ days.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bili, Urinalysis, uric acid prior to each cycle

TSH prior to every other cycle (i.e., cycle 1, 3, 5, 7, 9, etc.)

If clinically indicated: **Tot. Prot** **Albumin** **GGT** **Alk Phos.**
 LDH **TSH** **Calcium** **Phos.**
 Potassium

MUGA scan or **Echocardiography (if clinically indicated)**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: