



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: UGUPAZO

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 1 cycle = 4 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  $1 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**CHEMOTHERAPY:**

**Pazopanib 800 mg** or \_\_\_\_\_ mg PO once daily on an empty stomach (one hour before or two hours after a meal). Do not break or crush tablet; swallow whole with a glass of water.

Mitte: \_\_\_\_\_ days

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_.

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine, ALT, AST, Bilirubin** 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: \_\_\_\_\_