



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: UGIPNSUNI

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 = 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 _____

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

Ondansetron 8 mg po

Dexamethasone 8 mg po

Other:

CHEMOTHERAPY:

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

Sunitinib 25 mg PO once daily continuously. Mitte: _____ days. (dose level -1)

Sunitinib 50 mg PO once daily continuously. Mitte: _____ days. (dose level +1)

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.**

Lytes **Random Glucose**

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

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: