



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: GICPART

**Class II Drug:**

Squamous cell or cloacogenic carcinoma of the anal canal.

For other indications a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, Creatinine day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min.</b>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
<b>Proceed with treatment based on blood work from</b> _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
<input type="checkbox"/> Ondansetron 8 mg PO prior to chemotherapy <input type="checkbox"/> Dexamethasone 8 mg PO prior to chemotherapy <input type="checkbox"/> Metoclopramide 10-20 mg PO prn prior to chemotherapy <input type="checkbox"/> Prochlorperazine 10 mg PO prn prior to chemotherapy <input type="checkbox"/> Other: _____					
PREHYDRATION: 1000 mL NS over 1 hr prior to Cisplatin					
CHEMOTHERAPY: Chemotherapy begins on <b>Day 1</b> of each radiotherapy course					
<b>Cisplatin 60 mg/m<sup>2</sup> x BSA = _____ mg</b>					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour on <b>Day 1, Weeks 1 and 5.</b>					
<b>Capecitabine 825 mg/m<sup>2</sup> x BSA x ( _____ %) = _____ mg PO bid with food.</b> The second dose should be taken 10-12 hours after the first dose. (Total daily dose = 1650 mg/m <sup>2</sup> ) To be dispensed in appropriate weekly intervals, Monday to Friday with Saturday, Sunday and statutory holidays off x 6 weeks.					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Radiation Therapy to start Week 1 x 5½ weeks <input type="checkbox"/> Return in <b>four</b> weeks for Doctor and book chemo <b>Day 1, Week 5</b> <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Return in _____ weeks for Doctor and _____ week for PO capecitabine <input type="checkbox"/> Last Cycle. Return in _____ week(s)					
<b>CBC &amp; Diff, Platelets, Creatinine, Electrolytes weekly prior to treatment</b> <input type="checkbox"/> Other tests: <input type="checkbox"/> Weekly Nursing Assessment <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	