



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: GIRCRT

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Class II Drug:

Stage II & III rectal adenocarcinoma, either preoperative or postoperative

- Option 1 – Cycle 1 During RT and Cycles 2-7 following RT
- Option 2 – Cycle 1 Prior to RT, Cycle 2 during RT and Cycles 3-7 following RT
- Option 3 – Cycles 1 & 2 Prior to RT, Cycle 3 during RT and Cycles 4-7 following RT

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, Creatinine day of treatment					
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, and Creatinine Clearance greater than 50 mL/minute					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
CHEMOTHERAPY - CONCURRENT TREATMENT: (check one) <input type="checkbox"/> Option 1: Cycle 1 <input type="checkbox"/> Option 2: Cycle 2 <input type="checkbox"/> Option 3: Cycle 3					
Capecitabine 825 mg/m² or _____ x BSA x (_____ %) = _____ mg PO bid with food. The second dose should be taken 10-12 hours after the first dose. (Total daily dose = 1650 mg/m ²) To be dispensed in appropriate weekly intervals Monday to Friday, with Saturday, Sunday and statutory holidays off , beginning on the first day of Radiation Therapy and ending on the last day of RT. (Round to the nearest 150 mg).					
CHEMOTHERAPY: (check one) <input type="checkbox"/> Option 1: Cycles 2, 3, 4, 5, 6, 7 <input type="checkbox"/> Option 2: Cycles 1, 3, 4, 5, 6, 7 <input type="checkbox"/> Option 3: Cycles 1, 2, 4, 5, 6, 7					
Capecitabine 1250 mg/m² or _____ x BSA x (_____ %) = _____ mg PO bid with food x 14 days. Total daily dose = 2500 mg/m ² (Round dose to nearest 150 mg)					
DOCTOR'S SIGNATURE: _____					



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DATE:	
RETURN APPOINTMENT ORDERS	
<p>OPTION 1:</p> <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Return in _____ weeks (post-op) for Doctor and Cycle 2 oral chemo. <input type="checkbox"/> Return in three weeks for Doctor and Cycle 3, 4, 5, 6 or 7 (<i>circle one</i>) oral chemo <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>OPTION 2:</p> <input type="checkbox"/> Return in three weeks for Doctor & chemo Cycle 2. <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Return in _____ weeks (post-op) for Doctor and Cycle 3 oral chemo <input type="checkbox"/> Return in three weeks for Doctor and Cycle 4, 5, 6 or 7 (<i>circle one</i>) oral chemo <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>OPTION 3:</p> <input type="checkbox"/> Return in three weeks for Doctor & chemo Cycle 2. <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Return in _____ weeks (post-op) for Doctor and Cycle 3 oral chemo <input type="checkbox"/> Return in three weeks for Doctor and Cycle 4, 5, 6 or 7 oral chemo <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>CBC & Diff, Platelets, Creatinine prior to each cycle</p> <p>CBC & Diff, Platelets, Creatinine weekly during radiation therapy</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Weekly Nursing Assessment</p> <p><input type="checkbox"/> Radiation consult before Cycle _____ or in _____ weeks</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: