BC Cancer Agency
CARE & RESEARCH

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: SMAVTMZ (PO)

Class II Drug:

- Malignant melanoma with brain metastasis

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

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Temozolomide 200 mg/m^2 or _____ **mg/m^2** x BSA = _____mg PO daily at bedtime x 5 days

* For patients who had received prior chemotherapy for metastatic melanoma, **start with 150 mg/m^2** and then increase to 200 mg/m^2 if tolerable.

** Round dose to nearest 5 mg

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____

☐ Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets prior to each cycle

If clinically indicated: ☐ **Creatinine** ☐ **Glucose**

☐ **CT** or **MRI head** *(circle one)*

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: