



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAJLHRHAI

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist

letrozole 2.5 mg PO daily Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

OR

anastrozole 1 mg PO daily Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

OR

exemestane 25 mg PO daily Mitte: \_\_\_\_\_ tablets Repeat x \_\_\_\_\_

PLUS

buserelin long acting (SUPREFACT DEPOT)

6.3 mg subcutaneous every 6 weeks x 2 treatments

6.3 mg subcutaneous every 8 weeks x \_\_\_\_\_ treatments

9.45 mg subcutaneous every 12 weeks x \_\_\_\_\_ treatments

OR

goserelin long acting (ZOLADEX)

3.6 mg subcutaneous every 4 weeks x \_\_\_\_\_ treatments

goserelin long acting (ZOLADEX LA)

10.8 mg subcutaneous every 12 weeks x \_\_\_\_\_ treatments

OR

leuprolide long acting (LUPRON DEPOT)

7.5 mg IM every 4 weeks x \_\_\_\_\_ treatments

22.5 mg IM every 12 weeks x \_\_\_\_\_ treatments

RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ months.

If clinically indicated:  serum cholesterol  triglycerides  bone density

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: