



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: BRAVLHRHAI**

<b>DOCTOR'S ORDERS</b>		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: _____				
<b>TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist</b>				
<input type="checkbox"/> letrozole 2.5 mg PO daily Mitte: _____ tablets Repeat x _____				
OR				
<input type="checkbox"/> anastrozole 1 mg PO daily Mitte: _____ tablets Repeat x _____				
OR				
<input type="checkbox"/> exemestane 25 mg PO daily Mitte: _____ tablets Repeat x _____				
<b>PLUS</b>				
buserelin long acting (SUPREFACT DEPOT)		<input type="checkbox"/> 6.3 mg subcutaneous every 8 weeks x _____ treatments		
		<input type="checkbox"/> 9.45 mg subcutaneous every 12 weeks x _____ treatments		
OR				
goserelin long acting (ZOLADEX)		<input type="checkbox"/> 3.6 mg subcutaneous every 4 weeks x _____ treatments		
goserelin long acting (ZOLADEX LA)		<input type="checkbox"/> 10.8 mg subcutaneous every 12 weeks x _____ treatments		
OR				
leuprolide long acting (LUPRON DEPOT)		<input type="checkbox"/> 7.5 mg IM every 4 weeks x _____ treatments		
		<input type="checkbox"/> 22.5 mg IM every 12 weeks x _____ treatments		
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks.				
If clinically indicated: <input type="checkbox"/> serum cholesterol <input type="checkbox"/> triglycerides				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		<b>UC:</b>		