



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: BRAVPBFLV**

(Page 1 of 2)

**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:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle(s) #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)  
 **CBC & Diff, platelets, creatinine** day of treatment  
 May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L.**  
 Dose modification for:  **Other Toxicity** \_\_\_\_\_  
 Proceed with treatment based on blood work from \_\_\_\_\_

**TREATMENT:**

palbociclib  125 mg or  100 mg or  75 mg (*select one*) PO once daily x 21 days on Days 1 to 21, then 7 days off x \_\_\_\_\_ cycle(s)

**PLUS**

**Cycle 1:**

fulvestrant 500 mg IM on days 1 and 15.  
Administer as two 250 mg injections.

**Cycle 2 onwards:**

fulvestrant 500 mg IM every 28 days. Mitte: \_\_\_\_\_ injections Repeat x \_\_\_\_\_  
Administer as two 250 mg injections.

For women needing chemically induced menopause:

**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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

**PROTOCOL CODE: BRAVPBFLV**

(Page 2 of 2)

<b>DOCTOR'S ORDERS</b>	
<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p><b>Cycle 1:</b></p> <p><input type="checkbox"/> Book fulvestrant injections on Days 1 and 15.</p> <p><input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle 2.</p> <p><b>Cycles 2 – 6:</b></p> <p><input type="checkbox"/> Book fulvestrant injections every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____</p> <p><b>Cycle 7 onwards:</b></p> <p><input type="checkbox"/> Book fulvestrant injections every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in ____ weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Last Cycle. RTC in _____ week(s).</p>	
<p><b>Cycles 1 to 6:</b> CBC &amp; Diff, Platelets, creatinine prior to each cycle.</p> <p><b>Cycles 1 and 2:</b> CBC &amp; diff, platelets on Day 15</p> <p><b>Cycles 7 onwards:</b> CBC &amp; diff, platelets, creatinine prior to <input type="checkbox"/> <b>each cycle</b> <input type="checkbox"/> <b>every third cycle</b></p> <p><b>If Clinically Indicated:</b> <input type="checkbox"/> Alk Phos    <input type="checkbox"/> ALT    <input type="checkbox"/> Bilirubin    <input type="checkbox"/> LDH    <input type="checkbox"/> GGT</p> <p style="padding-left: 40px;"><input type="checkbox"/> CA15-3    <input type="checkbox"/> ECG    <input type="checkbox"/> Serum cholesterol</p> <p style="padding-left: 40px;"><input type="checkbox"/> Triglycerides</p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for further orders</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>