**PROTOCOL CODE: UBRAVPALAI**

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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</thead>
</table>

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 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L.

Dose modification for:  
- [ ] Other Toxicity____________________________________

Proceed with treatment based on blood work from____________________________________________________

### TREATMENT:

- **palbociclib** 125 mg or __________ mg PO once daily with food x 21 days on Days 1 to 21, then 7 days off x ___ cycle(s)

**PLUS**

- [ ] letrozole 2.5 mg PO daily continuously Mitte: ___________tablets Repeat x ____

**OR**

- [ ] anastrozole 1 mg PO daily continuously Mitte: ___________tablets Repeat x ____

For women needing chemically induced menopause:

**PLUS**

- [ ] buserelin acetate 6.3 mg SC every 6 weeks x 2 treatments
  - [ ] 6.3 mg SC every 8 weeks x __________ treatments
  - [ ] 9.45 mg SC every 12 weeks x __________ treatments

**OR**

- [ ] goserelin acetate 3.6 mg SC every 4 weeks x __________ treatments
  - [ ] 10.8 mg SC every 12 weeks x __________ treatments

**OR**

- [ ] leuprolide acetate 7.5 mg IM every 4 weeks x __________ treatments
  - [ ] 22.5 mg IM every 12 weeks x __________ treatments

### DOCTOR’S SIGNATURE:

**SIGNATURE:**

**UC:**
## DOCTOR’S ORDERS

**DATE:**

### RETURN APPOINTMENT ORDERS

- ☐ Return in **four** weeks for Doctor and Cycle ________

### Cycles 7 onwards:

- ☐ Return in ____ weeks for Doctor and Cycle ________

- ☐ Last Cycle. RTC in ________ week(s).

### Cycles 1 to 6:

- CBC & Diff, Platelets prior to each cycle.

### Cycles 1 and 2:

- CBC & diff, platelets on Day 15

### Cycles 7 onwards:

- CBC & diff, platelets prior to ☐ each cycle ☐ every third

### If Clinically Indicated:

- ☐ Creatinine ☐ ALT ☐ Alk Phos ☐ Bilirubin ☐ GGT

- ☐ LDH ☐ CA15-3 ☐ ECG ☐ Serum cholesterol

- ☐ Triglycerides

- ☐ Other tests:

- ☐ Consults:

- ☐ See general orders sheet for further orders

### DOCTOR’S SIGNATURE:

### SIGNATURE:

### UC: