



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 and according to acceptable standards of care

PROTOCOL CODE: UBRAVPBFLV

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

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 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:



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