

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: GIAVCAPB

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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: Date of Previous Cycle: Delay treatment week(s) CBC & Diff day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10°/L, platelets greater than or equal to 7.5 x 10°/L, creatinine clearance greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab if INR greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab if INR greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab if INR greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab if INR greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab if INR greater than 30 m/minute, BP jess than or equal to 160/100. For those patients on warfarin, hold bevealzumab. PREMEDICATIONS: Not usually required for capecitabine or bevacizumab. Treatment	DOCTOR'S ORDERS	Ht	cm	Wt	kg BSA	m²	
Date of Previous Cycle: Delay treatmentweek(s) CBC & Diff day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10 ⁹ /L, platelets greater than or equal to 75 x 10 ⁹ /L, creatinine clearance greater than 50 mL/minute, BP less than or equal to 160/100. For those patients on warfarin, hold bevacizumab if INR greater than 3.0 Dose modification for: Hematology Other Toxicity Proceed with treatment based on blood work from PREMEDICATIONS: Not usually required for capecitabine or bevacizumab. If ordered, patient to take own supply. RN/Pharmacist to confirm TREATMENT: Repeat in three weeks bevacizumab 7.5 mg/kg x	REMINDER: Please ensure drug allergie	s and previous bl	eomycin aı	re docum	ented on the Aller	gy & Alert Form	
Delay treatment	DATE: T	o be given:			Cycle(s) #:		
GBC & Diff day of treatment May proceed with doses as writen if within 96 hours ANC greater than or equal to 1.5 x 10³/L, platelets greater than or equal to 75 x 10³/L, creatinine clearance greater than 50 mL/minute, BP less than or equal to 160/100. For those patients on warfarin, hold bevacizumab if INR greater than 3.0 mL/minute, BP less than or equal to 160/100. For those patients on warfarin, hold bevacizumab if INR greater than 3.0 mL/minute, BP less than or equal to 160/100. For those patients on warfarin, hold bevacizumab in INR greater than 3.0 mL/minute.	*						
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Repeat in three weeks Bevacizumab 7.5 mg/kg x							
Note that the provincial system of the system of the provincial syste	TREATMENT:						
IV in 100 mL NS over 15 minutes. (Blood pressure measurement pre and post dose for first 3 cycles and prior to bevacizumab for subsequent cycles.) Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190 Drug	☐ Repeat in three weeks						
(Blood pressure measurement pre and post dose for first 3 cycles and prior to bevacizumab for subsequent cycles.) Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190 Drug Brand (Pharmacist to complete. Please print.) Pharmacist Initial and Date bevacizumab capecitabine	l — '						
Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190 Drug							
Drug							
capecitabine 1000 mg/m² or (select one) x BSA x (%) =							
capecitabine 1000 mg/m² or (select one) x BSA x (%) = mg PO BID x 14 days (refer to Capecitabine Suggested Tablet Combination Table for dose rounding) RETURN APPOINTMENT ORDERS Return in three weeks for Doctor and Cycle Beok chemo x 2 cycles. Last Cycle. Return in week(s) Last Cycle. Return in week(s) CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle Dipstick Urine or laboratory urinalysis for protein at the beginning of each even numbered cycle. (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then: 24 hr urine for total protein must be done within 3 days prior to next cycle.) If clinically indicated: CEA CA 19-9 ECG alkaline phosphatase GGT albumin potassium sodium INR weekly INR prior to each cycle Other tests: Weekly nursing assessment for (specify concern): Consults: See general orders sheet for additional requests. SIGNATURE: SIGNATURE:	Drug Brand (Pharmacist to co	mplete. Please print	t.)	Pharmacis	t Initial and Date		
RETURN APPOINTMENT ORDERS Return in three weeks for Doctor and Cycle Book chemo x 2 cycles. Last Cycle. Return in week(s) CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle Dipstick Urine or laboratory urinalysis for protein at the beginning of each even numbered cycle. ((If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then: 24 hr urine for total protein must be done within 3 days prior to next cycle.) If clinically indicated: CEA	bevacizumab						
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Return in six weeks for Doctor and Cycles &Book chemo x 2 cycles. Last Cycle. Return in week(s) CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle Dipstick Urine or laboratory urinalysis for protein at the beginning of each even numbered cycle. (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then: 24 hr urine for total protein must be done within 3 days prior to next cycle.) If clinically indicated: CEA	RETURN APPOINTMENT ORDERS						
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