



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: UGILEN

(Page 1 of 1)

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 #: _____

Date of Previous Cycle: _____

Delay treatment _____ week(s) for Hypertension Diarrhea Other

CBC & Diff, Platelets day of treatment _____

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, BP less than 160/100 mmHg, diarrhea less than or equal to Grade 2, creatinine clearance greater than or equal to 30 mL/min, alkaline phosphatase, ALT less than or equal to 5 X ULN, total bilirubin less than or equal to 3 X ULN, urine protein less than 1 g/24 h**

Dose modification for: Hematology Hypertension Diarrhea QTc prolongation Other Toxicity

Proceed with treatment based on blood work from _____

TREATMENT: One cycle = 30 days Order in increments of 5 days (only available as 5-day supply unit)

Treatment starting on _____ (date)

lenvatinib 12 mg or 8 mg PO once daily. Supply for: _____ days.

lenvatinib 4 mg PO once daily. Supply for: _____ days.

lenvatinib 4 mg PO once every other day. Supply for: _____ days.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Please book Nurse for BP monitoring q 2 weeks x _____.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, Sodium, Potassium, Calcium, Magnesium, ALT, Alkaline phosphatase, Bilirubin, Albumin, TSH, dipstick or laboratory urinalysis for protein, Blood Pressure Measurement prior to each cycle

Every two weeks for first 2 months: ALT, Alkaline phosphatase, Bilirubin, Albumin, Blood pressure

If clinically indicated: 24 hour urine protein within 3 days prior to next cycle for laboratory urinalysis for protein greater than **or equal to 1g/L** or dipstick proteinuria 2+ or 3+ total protein GGT LDH BUN ECG INR Echocardiography AFP

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: