



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: UGISORAF

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

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form Continuous treatment, one cycle consists of 4 weeks of SORafenib

DATE: To be given: Cycle #:

Date of Previous Cycle:

Delay treatment week(s)

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 10^9/L, Platelets greater than or equal to 50 x 10^9/L

Dose modification for: Hematology Other Toxicity

Proceed with treatment based on blood work from

CHEMOTHERAPY: One cycle = 4 weeks

Treatment starting on (date)

SORafenib 400 mg PO twice daily. Supply for: days.

SORafenib 400 mg PO once daily. Supply for: days (dose level -1)

SORafenib 400 mg PO once every other day. Supply for: days (dose level -2)

SORafenib 200 mg PO once or twice daily. (select one) 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, ALT, Bilirubin prior to each cycle

Sodium Potassium Magnesium Calcium Phosphate

Albumin Lipase Amylase TSH INR

AFP

MUGA scan or Echocardiography ECG (if clinically indicated)

Imaging (appr. every 8 weeks):

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: