



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: GUCABO

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 cabozantinib

DATE: To be given: Cycle #:

Date of Previous Cycle:

TREATMENT:

[] cabozantinib 60 mg PO daily on an empty stomach (one hour before or two hours after a meal).

Mitte: 30 days. Repeat x _____(after lab work)

Dose modification:

[] cabozantinib 40 mg PO daily on an empty stomach (one hour before or two hours after a meal).

Mitte: 30 days. Repeat x _____(after lab work)

RETURN APPOINTMENT ORDERS

[] Return in _____ weeks for Doctor and Cycle _____.

[] Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bili, Urinalysis, uric acid prior to each cycle

[] TSH prior to every other cycle (i.e., cycle 1, 3, 5, 7, 9, etc.)

If clinically indicated: [] Tot. Prot [] Albumin [] GGT [] Alk Phos.

[] LDH [] TSH [] Calcium [] Phos.

[] Potassium [] Sodium [] Other tests:

[] MUGA scan or [] Echocardiography (if clinically indicated)

[] Consults:

[] See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: