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 once daily

Dose modification:

☐ **cabozantinib 40 mg** PO once daily

☐ **cabozantinib 20 mg** PO once daily

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, creatinine, ALT, total bilirubin, dipstick urine or laboratory urinalysis for protein, uric acid prior to each cycle

If clinically indicated:

☐ **24 hour urine protein within 4 days prior to next cycle for laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+**

☐ **MUGA scan or** ☐ **echocardiography** ☐ **ECG**

☐ **total protein** ☐ **albumin** ☐ **GGT** ☐ **alkaline phosphatase** ☐ **LDH** ☐ **TSH**

☐ **calcium** ☐ **phosphate** ☐ **potassium** ☐ **sodium** ☐ **magnesium**

☐ **INR**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: