



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: GUMITO

DOCTOR'S ORDERS Ht _____ cm Wt _____ kg BSA _____ m ²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: _____ To be started: _____	
Dose modification for: <input type="checkbox"/> Toxicity _____ Proceed with treatment based on bloodwork from _____ (Only necessary for initiation of treatment)	
CHEMOTHERAPY: (or TREATMENT – if non chemo)	
1. Mitotane Starting dose is _____ mg PO (standard dose 500 mg) four times daily; then escalate by _____ grams (standard dose 1 gram) per day once every 1 - 2 weeks to maximum tolerated dose. Usual dose limiting toxicity is anorexia and nausea. Mitte: _____ weeks supply	
2. Cortisone acetate 25 mg PO every morning and 12.5 mg PO every evening (OMIT if serum cortisol elevated) Mitte _____ weeks supply	
3. Fludrocortisone acetate 0.1 mg PO every morning PO (OMIT if serum cortisol elevated). Mitte _____ weeks supply	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor	
<input type="checkbox"/> Treatment complete when present supply of mitotane used up. Return in _____ week(s) from date of these orders.	
TESTS:	
Baseline: CBC & Diff, Lytes, LFT's, Serum Cortisol	
<input type="checkbox"/> CBC & Diff, Platelets, Lytes, Creatinine, AST, Alk Phos, Bilirubin 1 week prior to next appointment with oncologist	
Additional tests to be done 1 week prior to next appointment with oncologist	
<input type="checkbox"/> DHEAS	
<input type="checkbox"/> 24-hr Urine for Cortisol	
<input type="checkbox"/> Serum Cortisol	
<input type="checkbox"/> Total Prot <input type="checkbox"/> Albumin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos	
<input type="checkbox"/> LDH	
<input type="checkbox"/> CT scan of _____ in _____ weeks	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: