

PROTOCOL CODE: UGOOVFNIRM

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 _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:		To be given:		Cycle(s) #:	
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) On day of treatment: <input type="checkbox"/> CBC & Diff, Platelets					
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Hemoglobin greater than or equal to 80 g/L.					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
CHEMOTHERAPY:					
niraparib 300 mg PO once daily					
Dose modification if required:					
<input type="checkbox"/> niraparib 200 mg PO once daily					
<input type="checkbox"/> niraparib 100 mg PO once daily					
Mitte _____ weeks Repeat x _____					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)					
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
Cycle 1: CBC & Diff, Platelets <input type="checkbox"/> weekly x 4 weeks <input type="checkbox"/> on day 14					
Every four weeks (cycles 2 to 12): CBC & Diff, Platelets, blood pressure measurement prior to each cycle					
After cycle 12: CBC & diff, platelets <input type="checkbox"/> every four weeks <input type="checkbox"/> prior to RTC					
If indicated: <input type="checkbox"/> CBC & Diff, Platelets on day 14.					
If clinically indicated: <input type="checkbox"/> Creatinine <input type="checkbox"/> ALT <input type="checkbox"/> bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA					
<input type="checkbox"/> CT C/A/P 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:	