



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: UGOOVOLAPM

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<sup>2</sup>

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: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

On day of treatment:  CBC & Diff, Platelets

May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L.

Dose modification for:  Hematology  Other Toxicity: \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

CHEMOTHERAPY:

olaparib (tablets) 300 mg PO twice daily (100% dose). Supply 30 days. Repeat x \_\_\_\_\_ (after lab work)

Dose modification:

olaparib (tablets) 250 mg PO twice daily. Supply 30 days. Repeat x \_\_\_\_\_ (after lab work)

olaparib (tablets) 200 mg PO twice daily. Supply 30 days. Repeat x \_\_\_\_\_ (after lab work)

olaparib (tablets) 150 mg PO twice daily. Supply 30 days. Repeat x \_\_\_\_\_ (after lab work)

\* Dispense in original container

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_ ( 1 cycle = 4 weeks)

Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_ ( 1 cycle = 4 weeks)

Last Cycle. Return in \_\_\_\_\_ week(s).

Every four weeks: CBC & Diff, Platelets prior to each refill and prior to RTC.

If indicated:  CBC & Diff, Platelets on day 14.

If clinically indicated:  Creatinine  Sodium  Potassium  
 ALT  Total bilirubin  Alk Phos  
 CA 125  CA 15-3  CA 19-9  CEA  
 Tot. Prot  Albumin  GGT  LDH  BUN

CT C/A/P in \_\_\_\_\_ weeks.

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: