



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: HNOTLEN

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle #:** _____

Delay treatment _____ week(s) for: Hypertension Diarrhea Other: _____

Day of treatment: _____

CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, albumin, potassium, calcium, magnesium, urine protein, TSH, blood pressure

Alkaline phosphatase, ALT, total bilirubin, albumin, blood pressure urine protein TSH

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, , creatinine clearance greater than or equal to 30 mL/min, alkaline phosphatase, AST or ALT less than or equal to 5 X ULN, total bilirubin less than or equal to 3 X ULN, urine protein less than 1 g/24 h**

Dose modification for: Hematology Hypertension Diarrhea QTc prolongation Other Toxicity

Proceed with treatment based on blood work from _____

TREATMENT:

Consider starting at dose level -1. Order in increments of 5 days (only available as 5-day supply unit)

1 cycle = 30 days

lenvatinib 24 mg PO once daily. Supply for: 30 or 60 days. (select one)

lenvatinib 20 mg PO once daily. Supply for: 30 or 60 days (select one) (dose level -1)

lenvatinib 14 mg PO once daily. Supply for: 30 or 60 days (select one) (dose level -2)

lenvatinib 10 mg PO once daily. Supply for: 30 or 60 days (select one) (dose level -3)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____

(Recommend every 2 weeks for the first 2 months)

Last Cycle. Return in _____ week(s).

Prior to each Doctor visit: CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, albumin, potassium, calcium, magnesium, urine protein, TSH, thyroglobulin (Tg), thyroglobulin antibody (TgAb), blood pressure

Every two weeks for first 2 months: blood pressure, alkaline phosphatase, ALT, total bilirubin, albumin

If clinically indicated: urine dipstick 24 hour urine protein total protein

GGT LDH BUN ECG Other tests: _____ Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: