



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: ULKAMLAMTN

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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 #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within **96 hours ANC greater than or equal to $0.5 \times 10^9/L$, Platelets greater than or equal to $25 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

TREATMENT:

azaCITIDine 300 mg PO once daily x 14 days on Days 1 to 14, then 14 days off.

Dose modification if required:

☐ **azaCITIDine 200 mg** PO once daily x 14 days on Days 1 to 14, then 14 days off.

☐ **azaCITIDine 200 mg** PO once daily x 7 days on Days 1 to 7, then 21 days off.

Start date: _____

Supply for _____ cycle(s).

RETURN APPOINTMENT ORDERS

☐ Return in **four weeks** for Doctor and Cycle _____

☐ Return in _____ weeks for Doctor and Cycle _____

CBC & Diff, creatinine, urea, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, albumin, sodium, potassium, chloride prior to each cycle

CBC & Diff, Platelets weekly for cycle 1, on Day 15 of cycle 2

If clinically indicated:

☐ **CBC & Diff, Platelets** on Day 15

☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: