A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment

**PROTOCOL CODE: ULKAMLAS**  
(pre-bone marrow transplant)  
Page 1 of 1

**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.**

### DOCTOR’S ORDERS

<table>
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<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
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<tr>
<th>Date of Previous Cycle:</th>
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<tr>
<td>To be given:</td>
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<td>Cycle #:</td>
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- **Delay treatment _____ week(s)**
- **CBC & Diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, urea, INR and PTT day of treatment**
  - Cycle one may proceed with doses as written regardless on the ANC. Subsequent cycles may require dose reduction if ANC less than 0.5 x 10⁹/L within 24h and bone marrow shows less than 5% blasts prior to this subsequent cycle. On Day 3, 5 of treatment: CBC and differential, platelets (physician responsible to monitor results and advise on supportive treatment) *For weekend interruptions (ie. azacitadine 5 on, 2 off, 2 on) these doses will be administered on Days 8 and 9 - (for this regimen proceed with doses 6 and 7 despite day 8 labs – physician responsible to monitor results and advise on supportive care)

Dose modification for:  
- ☐ Hematology  
- ☐ Other Toxicity ____________________________

Proceed with treatment based on blood work from ____________________________

### PREMEDICATIONS:

- Patient to take own supply. RN/Pharmacist to confirm ____________________________.
  - prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine  
  - If above ineffective, then ondansetron 8 mg PO 30 minutes prior to azaCITIDine  
  - Other: ____________________________

### CHEMOTHERAPY:

- **azaCITIDine 75 mg/m² x BSA (rounded to nearest 0.1 mg) = ________ mg SC DAILY for 7 days starting on Day 1** (date): __________.
  - Alternate regimen: treatment may be interrupted by weekends.
  - ☑ may interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends
  - Administer doses greater than 4 mL as two syringes at two separate sites.
  - **SORAfenib 400 mg twice daily. Supply for: __________ days.**

### RETURN APPOINTMENT ORDERS

- ☐ Return in four weeks for Doctor and Cycle ________. Book chemo x 7 days. (note: maximum of 4 cycles).
- ☐ Last Cycle. Return in ________ week(s).

### CBC & Diff, Platelets, Creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, urea, INR and PTT weekly during treatment and prior to each cycle

- ☐ Bone marrow biopsy prior to cycles 2, 3 and 4
- ☐ On Days 3 and 5 of treatment: CBC and differential, platelets
- ☐ MUGA scan or ☐ Echocardiography (if clinically indicated)
- ☐ Other tests:
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

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