

**PROTOCOL CODE: ULKMDSA**

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

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, sodium, potassium, chloride, serum bicarbonate, INR and PTT</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 0.5 x 10<sup>9</sup>/L</b> ▪ On Day 3, 5 of treatment: CBC and differential, platelets (physician responsible to monitor results and advise on supportive treatment) *For weekend interruptions (ie. <b>azaCITIDine</b> 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: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg PO 30 minutes prior to azaCITIDine</b> <input type="checkbox"/> <b>prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine</b> <input type="checkbox"/> <b>Other:</b> _____				
<b>CHEMOTHERAPY:</b> <b>azaCITIDine</b> <input type="checkbox"/> <b>75 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>50 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>37.5 mg/m<sup>2</sup></b> 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.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, sodium, potassium, chloride, serum bicarbonate, INR and PTT</b> weekly during treatment and prior to each cycle  <input type="checkbox"/> <b>On Days 3 and 5 of treatment: CBC and differential, platelets</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		<b>UC:</b>		