



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: ULKMDSDC**

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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</b> day of treatment		
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 50 x 10<sup>9</sup>/L, creatinine less than 177 micromol/L, Bilirubin less than 2 X ULN, ALT less than 2 X ULN.</b>		
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>CHEMOTHERAPY:</b>		
<b>decitabine-cesidazuridine 35 mg-100 mg PO once daily on Days 1 to 5 of each 28 day cycle.</b>		
Dose modification:		
<input type="checkbox"/> <b>decitabine-cesidazuridine 35 mg-100 mg PO once daily on Days 1 to 4 of each 28 day cycle.</b>		
<input type="checkbox"/> <b>decitabine-cesidazuridine 35 mg-100 mg PO once daily on Days 1 to 3 of each 28 day cycle.</b>		
<input type="checkbox"/> <b>decitabine-cesidazuridine 35 mg-100 mg PO once daily on Days 1, 3, and 5 of each 28 day cycle.</b>		
Start Date: _____		
Supply for _____ cycle(s)		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC and differential, platelets weekly for cycle 1</b> <b>CBC and differential, platelets, bilirubin, ALT, alkaline phosphatase, creatinine prior to each cycle</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>