



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: ULUNETEV

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

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form
One cycle = 4 weeks

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 1.0 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply.
Dexamethasone mouthwash (see protocol). Start on Day 1 of everolimus treatment; continue for 8 weeks (2 cycles). May continue up to a maximum of 16 weeks (4 cycles) at the discretion of the treating oncologist.

Treatment:
everolimus 10 mg PO daily
everolimus 5 mg PO daily (dose level -1)
everolimus 5 mg PO every other day (dose level -2)
Mitte: _____ days (max: 30 days)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____
Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Glucose prior to each cycle
If clinically indicated: Tot. Prot, Albumin, Bilirubin, GGT, Alk Phos, ALT, LDH, BUN, Creatinine, Glucose, Tot. cholesterol, Triglycerides, Calcium, Phosphate
Other tests:
Consults:
See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: SIGNATURE:
UC: