



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: ULYROMI

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

No new patients effective 20 March 2023. Physicians must enroll existing patients via ISTODAX (romidepsin) Restricted Access Program (https://istodaxhprc.ptm-health.com/ENG.aspx?cid=R6370E&wave_no=1)

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:		To be given:		Cycle #:
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $50 \times 10^9/L$				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. ondansetron 8 mg PO prior to treatment				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg or <input type="checkbox"/> 16 mg or <input type="checkbox"/> 20 mg (select one) PO prior to treatment				
<input type="checkbox"/> Other:				
CHEMOTHERAPY:				
romiDEPsIn <input type="checkbox"/> 14 mg/m ² or <input type="checkbox"/> 10 mg/m ² (select one) x BSA = _____ mg IV in 500 mL NS over 4 hours on Days 1, 8 and 15				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo for Days 1, 8, and 15				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, electrolytes, potassium, magnesium prior to each cycle (day 1) CBC & Diff prior to days 8 and 15				
If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> HBV viral load <input type="checkbox"/> ALT				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		