**PROTOCOL CODE: UMYLENMTN**

- **Patient RevAid ID:**

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

<table>
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<tr>
<th>DOCTOR’S ORDERS</th>
<th>DATE: ________________________________</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

- **Risk Category:**
  - [ ] Female of Childbearing Potential (FCBP)
  - [ ] Male or Female of non-Childbearing Potential (NCBP)

**START DATE OF THIS CYCLE** _________________  **Cycle # ________**  
**START DATE OF SUBSEQUENT CYCLES** _________________  **Cycle # ________ & ________**

- [ ] Delay treatment ______ week(s)

May proceed with doses as written if within 7 days

ANC greater than or equal to $1.0 \times 10^9$/L, Platelets greater than or equal to $30 \times 10^9$/L and eGFR as per protocol

Dose modification for:
- [ ] Hematology
- [ ] Renal Function
- [ ] Other Toxicity

OR Proceed with treatment based on blood work from__________________________

**LENALIDOMIDE**

One cycle = 28 days

- [ ] lenalidomide* ______mg po daily, in the evening, on days 1 to 28 continuously
- [ ] lenalidomide* ______mg po daily, in the evening, on days 1 to 21 and off for 7 days
- [ ] lenalidomide* ______ mg po __________________________________________

**MITTE:** (*available as 5 mg, 10 mg, 15 mg capsules

*NB Use one capsule for the total dose i.e., one 5 mg capsule or one 10 mg capsule or one 15 mg capsule due to budget considerations

- [ ] FCBP dispense Maximum 1 cycle (28 capsules for 28/28 days, 21 capsules for 21/28 days).

- [ ] For Male and Female NCBP:

Dispense ______ capsules or ______ cycles. Maximum 12 cycles (336 capsules for 28/28 days, 252 capsules for 21/28 days).

Pharmacy to dispense one cycle at a time, maximum 3 cycles if needed

Physician to assure DVT prophylaxis in place: ASA, Warfarin, low molecular weight heparin, direct oral anticoagulant or none

**Special Instructions**

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<th>DOCTOR’S SIGNATURE:</th>
<th>SIGNATURE:</th>
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Physician RevAid ID:
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: UMYLENMTN

**DATE:**

### Return Appointment Orders

| □ | Return in _______ weeks for Doctor and Cycle _________ |
| □ | Last cycle. Return in ________week(s) |

### Laboratory:
Blood work done prior to next cycle must be done less than or equal to 7 days prior to the start date

**Cycles 1 - 4:**
CBC & Diff, Platelets, Creatinine, Calcium every two weeks

**Serum Protein Electrophoresis and/or Serum Free Light Chain Levels (CIRCLE APPROPRIATE)** every 4 weeks
Blood work done prior to next cycle must be done less than or equal to 7 days prior to the start date

**Cycles 5 and subsequent cycles:**
CBC & Diff, Platelets, Creatinine, Calcium every 4 weeks, less than or equal to 7 days prior to the next cycle

**Serum Protein Electrophoresis and/or Serum Free Light Chain Levels (CIRCLE APPROPRIATE)** every 4 weeks

**TSH** Every three months

- □ Pregnancy blood test for FCBP 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1

- □ Pregnancy blood test for FCBP, every 4 weeks, less than or equal to 7 days prior to the next cycle

- □ Bilirubin, ALT

- □ Other tests

- □ Consults:

- □ See general orders sheet for additional requests

### Doctor’s Signature:

**Signature:**

**UC:**