

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: SAAVOR

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DOCTOR'S ORDERS Htcm Wtkg BS	Am²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form Continuous treatment, one cycle = 4 weeks of regorafenib	
DATE: To be given: Cycle	e #:
Date of Previous Cycle:	
 Delay treatment week(s) CBC & Diff day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L 	
Dose modification for: Hematology Other Toxicity: Proceed with treatment based on blood work from	
TREATMENT: (1 cycle = 4 weeks)	
regorafenib 160 mg or 120 mg or 80 mg (<i>select one</i>) PO once daily on days 1 to 21, followed by 1 week rest. (round dose to the nearest 40 mg)	
Mitte:days	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor and Cycle	
Last Cycle. Return in week(s).	
CBC & Diff, Platelets, Creatinine, Bilirubin, Alkaline Phosphatase, ALT, and Urinalysis prior to each cycle	
TSH prior to each odd numbered cycle (ie 3, 5, 7, 9, etc)	
□ Other tests:	
Consults:	
See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: