**PROTOCOL CODE: SANADENO**

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**DOCTOR'S ORDERS**

**ALLERGY/ALERT:** Reminder to Physicians: Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.

<table>
<thead>
<tr>
<th>Date/Time:</th>
<th>Cycle #:</th>
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- [ ] Delay treatment ______ week(s)
- [ ] May proceed with doses as written if within 96 hours **ANC greater than or equal to** $1.5 \times 10^9$ /L, **Platelets greater than or equal to** $75 \times 10^9$ /L
- **Dose modification for:** [ ] Hematology [ ] Other Toxicity
- **Proceed with treatment based on blood work from**

**TREATMENT:**

- [ ] Cycle 1 ONLY
  - denosumab (XGEVA®) 120 mg SC on Days 1, 8 and 15
- [ ] Cycle 2 and thereafter:
  - denosumab (XGEVA®) 120 mg SC on Day 1 every 28 days for 1 or 2 or 3 cycles (circle one)

**OTHER MEDICATIONS:** Patient to take own supply
- calcium elemental 500 mg PO daily and
- vitamin D 400 units PO daily
- [ ] Prescriptions given to patient (dd/mm/yy) _______________________

**RETURN APPOINTMENT ORDERS**

- [ ] FIRST CYCLE. Book patient to Patient Support Clinic Cycle 1 Day 1 for subcutaneous injection teaching.
- [ ] FIRST CYCLE. Book patient to Patient Support Clinic Cycle 1 Day 1, 8 and 15 for injection only.
- [ ] Return in 4 or 8 or 12 (circle one) weeks for Cycle ________.
- [ ] Book injection every 4 weeks x 1 or 2 or 3 cycle(s) (circle one)
- [ ] Last cycle. Return in _________weeks

**CBC + Diff, calcium, phosphate, albumin** prior to each doctor’s visit outside lab, day before doctor’s visit
- [ ] If clinically indicated: [ ] bilirubin [ ] ALT, alkaline phosphatase
- [ ] creatinine

**Other tests:**
- [ ] CT scan ______________________ in _________weeks
- [ ] See general order sheet for additional requests.

**DOCTOR'S SIGNATURE**

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BC Cancer Provincial Preprinted Order SANADENO
Created: 01 Jul 2016  Revised: 1 Feb 2020