



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: BRAVPBFLV**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle(s) #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff, platelets, creatinine** day of treatment

Cycles 1 to 6, for Day 1 and Day 15 (if ordered): May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L**

Cycle 7 onwards: May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L**

Dose modification for:  **Other Toxicity** \_\_\_\_\_

**Proceed with treatment based on blood work from** \_\_\_\_\_

**TREATMENT:**

**palbociclib**  125 mg or  100 mg or  75 mg (*select one*) PO once daily x 21 days on Days 1 to 21, then 7 days off x \_\_\_\_\_ cycle(s)

**PLUS**

**Cycle 1:**

- fulvestrant 500 mg** IM once daily on Days 1 and 15.  
**Administer as two 250 mg injections.**

**Cycle 2 onwards:**

- fulvestrant 500 mg** IM once daily on Day 1 of Cycle 2 then repeat every 28 days. **Mitte:** \_\_\_\_\_ dose(s) Repeat x \_\_\_\_\_  
**Administer as two 250 mg injections.**

**For women needing chemically induced menopause and male patients:**

**PLUS**

**goserelin long acting (ZOLADEX)**  **3.6 mg** subcutaneous every 4 weeks x \_\_\_\_\_ treatments

**goserelin long acting (ZOLADEX LA)**  **10.8 mg** subcutaneous every 12 weeks x \_\_\_\_\_ treatments

**OR**

**leuprolide long acting (LUPRON DEPOT)**  **7.5 mg** IM every 4 weeks x \_\_\_\_\_ treatments

**22.5 mg** IM every 12 weeks x \_\_\_\_\_ treatments

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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<b>DOCTOR'S ORDERS</b>	
<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p><b>Cycle 1:</b></p> <p><input type="checkbox"/> Book fulvestrant injections on Days 1 and 15.</p> <p><input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle 2.</p> <p><b>Cycles 2 to 6:</b></p> <p><input type="checkbox"/> Book fulvestrant injections every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____</p> <p><b>Cycle 7 onwards:</b></p> <p><input type="checkbox"/> Book fulvestrant injections every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in ____ weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Last Cycle. RTC in _____ week(s).</p>	
<p><b>Cycles 1 to 6:</b> CBC &amp; Diff, Platelets, creatinine prior to each cycle.</p> <p><b>Cycle 1:</b> CBC &amp; diff, platelets on Day 15</p> <p><input type="checkbox"/> <b>Cycle 2:</b> CBC &amp; diff, platelets on Day 15</p> <p><b>Cycles 1 and 2:</b> CBC &amp; diff, platelets on Day 22 if ANC on Day 15 is 0.5 to less than 1.0</p> <p><b>Cycles 7 onwards:</b> CBC &amp; diff, platelets, creatinine prior to <input type="checkbox"/> <b>each cycle</b> <input type="checkbox"/> <b>every third cycle</b></p> <p><b>If Clinically Indicated:</b></p> <p><input type="checkbox"/> <b>alkaline phosphatase</b>    <input type="checkbox"/> <b>ALT</b>    <input type="checkbox"/> <b>total bilirubin</b>    <input type="checkbox"/> <b>LDH</b>    <input type="checkbox"/> <b>GGT</b></p> <p><input type="checkbox"/> <b>CA15-3</b>    <input type="checkbox"/> <b>ECG</b>    <input type="checkbox"/> <b>Serum cholesterol</b>    <input type="checkbox"/> <b>Triglycerides</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for further orders</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>