



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: BRAVRBFLV

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L**

Cycle 7 onwards: 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 75 x 10⁹/L**

Dose modification for: Other Toxicity _____

Proceed with treatment based on blood work from _____

TREATMENT:

ribociclib 600 mg or 400 mg or 200 mg (select one) PO once daily in the morning 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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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<p>Cycle 1:</p> <p><input type="checkbox"/> Book fulvestrant injections on Days 1 and 15.</p> <p><input type="checkbox"/> Return in four weeks for Doctor and Cycle 2.</p> <p>Cycles 2 to 6:</p> <p><input type="checkbox"/> Book fulvestrant injections on Day 1 of Cycle 2 then repeat every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____</p> <p>Cycle 7 onwards:</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>Cycle 1 (Day 15): CBC & diff, platelets, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p>Cycle 1 (Day 22): CBC & diff, platelets if ANC on Day 15 is 0.5 to less than 1.0, or if platelets on Day 15 are 50 to less than 74</p> <p>Cycle 2 (Day 1): CBC & diff, platelets, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p><input type="checkbox"/> Cycle 2 (Day 15): CBC & diff, platelets</p> <p>Cycle 2 (Day 22): CBC & diff, platelets if ANC on Day 15 is 0.5 to less than 1.0, or if platelets on Day 15 are 50 to less than 74</p> <p>Cycles 3 to 6: CBC & diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin prior to each cycle.</p> <p>Cycles 7 onwards: CBC & diff, platelets, creatinine prior to <input type="checkbox"/> each cycle <input type="checkbox"/> every third cycle</p> <p>If clinically indicated: <input type="checkbox"/> Albumin <input type="checkbox"/> ALT <input type="checkbox"/> Alkaline phosphatase <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Serum cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> ECG <input type="checkbox"/> CA15-3 <input type="checkbox"/> CEA <input type="checkbox"/> CA125</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for further orders</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: