

PROTOCOL CODE: BRAVRIBAI

(Page 1 of 2)

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
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: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, 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 $1.0 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$					
Cycle 7 onwards: May proceed with doses as written if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$					
Dose modification for: <input type="checkbox"/> Other Toxicity _____					
Proceed with treatment based on blood work from _____					
TREATMENT:					
ribociclib <input type="checkbox"/> 600 mg or <input type="checkbox"/> _____ 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					
<input type="checkbox"/> letrozole 2.5 mg PO daily continuously Mitte: _____ tablets Repeat x _____					
OR					
<input type="checkbox"/> anastrozole 1 mg PO daily continuously Mitte: _____ tablets Repeat x _____					
For women needing chemically induced menopause and male patients:					
PLUS					
goserelin long acting (ZOLADEX)			<input type="checkbox"/> 3.6 mg subcutaneous every 4 weeks x _____ treatments		
goserelin long acting (ZOLADEX LA)			<input type="checkbox"/> 10.8 mg subcutaneous every 12 weeks x _____ treatments		
OR					
leuprolide long acting (LUPRON DEPOT)			<input type="checkbox"/> 7.5 mg IM every 4 weeks x _____ treatments		
			<input type="checkbox"/> 22.5 mg IM every 12 weeks x _____ treatments		
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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

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(Page 2 of 2)

DOCTOR'S ORDERS	
DATE: _____	
RETURN APPOINTMENT ORDERS	
<p>Cycles 1 to 6:</p> <p><input type="checkbox"/> Return in four weeks for Doctor and Cycle _____</p> <p>Cycles 7 onwards:</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, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p>Cycle 1 (Day 22): CBC & Diff 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, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p><input type="checkbox"/> Cycle 2 (Day 15): CBC & Diff</p> <p>Cycle 2 (Day 22): CBC & Diff 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, creatinine, ALT, alkaline phosphatase, total bilirubin prior to each cycle.</p> <p>Cycles 7 onwards: CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin prior to <input type="checkbox"/> each cycle or <input type="checkbox"/> every third cycle</p> <p>If clinically indicated:</p> <p><input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> calcium</p> <p><input type="checkbox"/> magnesium <input type="checkbox"/> phosphate <input type="checkbox"/> serum cholesterol <input type="checkbox"/> triglycerides</p> <p><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: