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: UBRAVIPBFL

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

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, 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 10^9/L, platelets greater than or equal to 50 x 10^9/L, fasting blood glucose less than or equal to 8.0 mmol/L**

Cycle 7 onwards: May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, fasting blood glucose less than or equal to 8.0 mmol/L**

Dose modification for: ☐**Other Toxicity**_____
Proceed with treatment based on blood work from_____

TREATMENT:

inavolisib ☐ **9 mg** or ☐ **6 mg** or ☐ **3 mg** (*select one*) PO once daily continuously x ___ cycle(s)

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 x _____cycles(s)
Administer as two 250 mg injections.

PLUS

For women needing chemically induced menopause and male patients:

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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DATE:

RETURN APPOINTMENT ORDERS

Cycle 1:

☐ Book fulvestrant injections on Days 1 and 15.

☐ Return in **four** weeks for Doctor and Cycle 2.

Cycles 2 to 6:

☐ Book fulvestrant injections every 28 days x _____ injections.

☐ Return in **four** weeks for Doctor and Cycle _____

Cycle 7 onwards:

☐ Book fulvestrant injections every 28 days x _____ injections.

☐ Return in ____ weeks for Doctor and Cycle _____

☐ Last Cycle. RTC in _____ week(s).

Prior to each cycle: CBC & Diff, creatinine, fasting blood glucose

Cycle 1:

Days 3, 6, 8: fasting glucose

Day 15: CBC & Diff, fasting glucose

Day 22: fasting glucose, CBC & Diff (if ANC on Day 15 is 0.5 to less than 1.0 x 10^9/L)

Weekly nursing assessment for fasting blood glucose levels

Cycle 2:

Day 15: fasting glucose

☐ **Day 15**: CBC & Diff

Day 22: CBC & Diff, if ANC on Day 15 is 0.5 to less than 1.0

Cycles 3 to 6, on Day 15: fasting glucose

Every 12 weeks (prior to cycles 4, 7, 10, 13, 16, etc.): HbA1C

☐ **weekly nursing assessment during Cycle 2 and onward**

If clinically indicated:

☐ fasting blood glucose weekly ☐ serum ketones ☐ alkaline phosphatase ☐ ALT

☐ total bilirubin ☐ LDH ☐ GGT ☐ CA 5-3 ☐ ECG ☐ serum cholesterol

☐ triglycerides ☐ urea ☐ LH ☐ FSH ☐ serum estradiol

☐ Other tests:

☐ Consults:

☐ See general orders sheet for further orders

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: