



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: GUBMITCART

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 #:						
Date of Previous Cycle:								
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, creatinine day of treatment								
May proceed with doses as written if within 48 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$ for mitomycin and greater than or equal to $75 \times 10^9/L$ for capecitabine, creatinine clearance greater than 50 mL/min.								
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____								
Proceed with treatment based on blood work from _____								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.								
ondansetron 8 mg PO prior to mitomycin dexamethasone 8 mg PO prior to mitomycin <input type="checkbox"/> Other:								
TREATMENT: Begins on Day 1 of each radiotherapy course								
mitomycin 12 mg/m ² x BSA x (_____ %) = _____ mg (Maximum dose = 20 mg) IV push on Day 1, Week 1								
capecitabine 825 mg/m ² x BSA x (_____ %) = _____ mg PO BID. The second dose should be taken 10-12 hours after the first dose. To be dispensed in appropriate weekly intervals Monday to Friday, with Saturday, Sunday and statutory holidays off, beginning on the first day of Radiation Therapy and ending on the last day of RT								
Pharmacist to select dose band per last page of PPO. Complete table below (please print)								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Drug</th><th style="width: 40%;">Dose Band (mg)</th><th style="width: 40%;">Pharmacist Initial and Date</th></tr></thead><tbody><tr><td>capecitabine</td><td> </td><td> </td></tr></tbody></table>			Drug	Dose Band (mg)	Pharmacist Initial and Date	capecitabine		
Drug	Dose Band (mg)	Pharmacist Initial and Date						
capecitabine								
RETURN APPOINTMENT ORDERS								
<input type="checkbox"/> Radiation Therapy to start Week 1 x 5½ weeks <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Return in _____ weeks for Doctor and _____ week for PO capecitabine <input type="checkbox"/> Last Cycle. Return in _____ week(s)								
CBC & Diff, creatinine, urea, sodium, potassium weekly If clinically indicated: <input type="checkbox"/> total bilirubin weekly <input type="checkbox"/> ALT weekly If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to return appointment <input type="checkbox"/> Other tests: <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.								
DOCTOR'S SIGNATURE:		SIGNATURE: UC:						



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Page 2 of 2

CAPECITABINE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)	Number of Tablets Per Dose	
From:	To:		150 mg	500 mg
226	375	300	2	
376	475	450	3	
476	575	500		1
576	725	650	1	1
726	900	800	2	1
901	1075	1000		2
1076	1225	1150	1	2
1226	1400	1300	2	2
1401	1575	1500		3
1576	1725	1650	1	3
1726	1900	1800	2	3
1901	2075	2000		4
2076	2225	2150	1	4
2226	2400	2300	2	4
2401	2575	2500		5
2576	2725	2650	1	5
2726	2900	2800	2	5
2901	3075	3000		6
3076	3225	3150	1	6
3226	3400	3300	2	6
3401	3575	3500		7
3576	3725	3650	1	7
3726	3900	3800	2	7