

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: BRAVLHRHAI

DOCTOR'S ORDERS	Ht	_cm	Wt	kg	BSA		m²
REMINDER: Please ensure drug allergies and	previous blee	omyc	in are do	cumented	l on the	Allergy & A	Alert Form
DATE:							
TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist							
☐ letrozole 2.5 mg PO daily Mitte:	tablets	Re	epeat x _				
OR							
anastrozole 1 mg PO daily Mitte:	tablets	Rep	eat x				
OR							
exemestane 25 mg PO daily Mitte:	tablets	Rep	eat x				
PLUS							
goserelin long acting (ZOLADEX)	acting (ZOLADEX) 3.6 mg subcutaneous every 4 w						treatments
goserelin long acting (ZOLADEX LA)	10.8 mg subcutaneous every 12 weeks xtreatments						
OR							
leuprolide long acting (LUPRON DEPOT)	7.5 mg IM every 4 weeks xtreatments						
	🗌 22.5 mg	IM ev	/ery 12 w	eeks x		_treatments	
RETURN APPOINTMENT ORDERS							
	AFFUINT			JER3			
Return in weeks.							
If clinically indicated:							
☐ Serum Calcium ☐ Albumin ☐ Total bilirubin ☐ GGT ☐ ALT ☐ LDH							
Alkaline phosphatase Creatinine CA 15-3 CBC & Diff							
serum cholesterol Triglycerides							
□ Other tests and consults:							
☐ See general orders sheet for additional requests.							
DOCTOR'S SIGNATURE:				SIGNA	TURE:		
					UC:		