



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: UBRAJABET

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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, platelets, creatinine** day of treatment

For Day 1 and Day 15 (if ordered): 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 50 x 10⁹/L, ALT less than 5 x ULN, and total bilirubin less than 2 x ULN**

Dose modification for: Other Toxicity _____

Proceed with treatment based on blood work from _____

TREATMENT:

abemaciclib 150 mg PO twice daily

Dose modification if required:

- abemaciclib 100 mg PO twice daily (dose level -1)**
- abemaciclib 50 mg PO twice daily (dose level -2)**

Mitte: _____ days

(28 day supply for first 3 months of therapy; may dispense up to 84 day supply after 3 months)

PLUS

tamoxifen 20 mg PO daily continuously Mitte: _____ tablets Repeat x _____

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

SIGNATURE:

UC:



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Date:

RETURN APPOINTMENT ORDERS

Cycles 1 to 3:

Return in **four** weeks for Doctor and cycle _____

Cycles 4 onwards:

Return in _____ weeks for Doctor and cycle _____

Last Cycle. Return in _____ week(s) for Doctor and _____ to continue endocrine therapy per protocol:

BRAJTAM, BRAJLHRHT, BRAJLET, BRAJANAS, BRAJEEXE or BRAJLHRHAI (select one)

Cycles 1 and 2:

CBC & Diff, platelets, total bilirubin, ALT on Day 15

Cycles 1 to 3:

CBC & Diff, platelets, creatinine, total bilirubin, ALT, urea every month

Cycle 4 onwards:

CBC & Diff, platelets, creatinine, total bilirubin, ALT, urea every month or every 3 months

If clinically indicated: sodium potassium calcium albumin magnesium

alkaline phosphatase GGT serum cholesterol triglycerides

Other tests:

Consults:

See general orders sheet for further orders

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: