



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: GUSUNI

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DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form
One cycle = 6 weeks

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within **96 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L**

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

TREATMENT:

SUNItinib **50 mg** or _____ **mg (select one)** PO once daily for 4 weeks followed by 2 weeks rest.

Mitte: _____ days.

OR

SUNItinib **37.5 mg** or _____ **mg (select one)** PO once daily continuously. Mitte: _____ days.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bili, Urinalysis, uric acid prior to each cycle

TSH prior to every other cycle (i.e., cycle 1, 3, 5, 7, 9, etc.)

If clinically indicated: **Tot. Prot** **Albumin** **GGT** **Alk Phos.**
 LDH **TSH** **Calcium** **Phos.**
 Potassium **Sodium**

MUGA scan or **Echocardiography (if clinically indicated)**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: