



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: UGICABO

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

<b>DOCTOR'S ORDERS</b>			Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>			
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>	
Date of Previous Cycle:			
<input type="checkbox"/> Delay treatment _____ week(s)			
May proceed with doses as written if within 96 hours <b>BP less than 160/100 mmHg</b>			
Dose modification for: <input type="checkbox"/> <b>Hypertension</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____			
Proceed with treatment based on blood work from _____			
<b>CHEMOTHERAPY: One cycle = 4 weeks</b>			
<input type="checkbox"/> <b>cabozantinib 60 mg</b> PO daily			
Dose modification:			
<input type="checkbox"/> <b>cabozantinib 40 mg</b> PO daily (dose level -1)			
<input type="checkbox"/> <b>cabozantinib 20 mg</b> PO daily (dose level -2)			
Mitte: 30 days. Repeat x _____ (after lab work)			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.			
<input type="checkbox"/> Please book Nurse for BP monitoring q 2 weeks x _____.			
<input type="checkbox"/> Last Cycle. Return in _____ week(s).			
<b>CBC &amp; differential, platelets, creatinine, bilirubin, alkaline phosphatase, ALT, blood pressure measurement</b> prior to each cycle			
<input type="checkbox"/> <b>TSH</b> prior to each <b>odd</b> numbered cycle (i.e. 3, 5, 7, 9, etc)			
If clinically indicated: <input type="checkbox"/> <b>TSH</b> <input type="checkbox"/> <b>AFP</b> <input type="checkbox"/> <b>sodium</b> <input type="checkbox"/> <b>potassium</b> <input type="checkbox"/> <b>calcium</b>			
<input type="checkbox"/> <b>magnesium</b> <input type="checkbox"/> <b>phosphate</b> <input type="checkbox"/> <b>urinalysis</b>			
<input type="checkbox"/> <b>MUGA scan</b> or <input type="checkbox"/> <b>Echocardiogram</b> <input type="checkbox"/> <b>ECG</b>			
<input type="checkbox"/> <b>Other tests:</b>			
<input type="checkbox"/> <b>Consults:</b>			
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>			
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>
			<b>UC:</b>