BC CANCER
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: UBRAJOLA

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)

On day of treatment: ☐ **CBC & Diff, Platelets**

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**.

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

☐ **olaparib 300 mg** PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

Dose modification:

☐ **olaparib 250 mg** PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

☐ **olaparib 200 mg** PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

☐ **olaparib 150 mg** PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

* Dispense in original container

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)

☐ Return in ____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)

☐ Last Cycle. Return in _____ week(s).

Every four weeks: CBC & Diff, Platelets prior to each refill and prior to RTC.

If indicated: ☐ **CBC & Diff, Platelets** on Day 14.

If clinically indicated:

☐ **Creatinine** ☐ **Sodium** ☐ **Potassium**

☐ **Total bilirubin** ☐ **ALT** ☐ **Total Protein**

☐ **GGT** ☐ **LDH** ☐ **BUN**

☐ **Albumin** ☐ **Alkaline Phosphatase**

☐ **CT C/A/P in _____weeks**.

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: