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.

INTERIM PROTOCOL CODE: ULK0

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

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Week(s)# _____**

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 0.8 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, hemoglobin greater than or equal to 80 g/L, ALT and GGT less than or equal to 5 x ULN** *and* **total bilirubin less than or equal to baseline and ULN.**

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

Proceed with treatment based on blood work from _____

TREATMENT:

ropeginterferon alfa-2b _____ mcg subcutaneous injection every 2 weeks for ____ weeks

(Maximum dose: 500 mcg every 2 weeks)

Mitte: _____ doses Repeat x _____

RETURN APPOINTMENT ORDERS

☐ Return in _____weeks for Doctor.

First 3 months: CBC & Diff, ALT, GGT, total bilirubin, TSH every 2 weeks

After 3 months: CBC & Diff, ALT, GGT, total bilirubin, TSH every 3 months

If clinically indicated:

☐ **creatinine** ☐ **AST** ☐ **alkaline phosphatase** ☐ **LDH** ☐ **triglycerides**

☐ **random glucose**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: