

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: BRAVLHRHAI

DOCTOR'S ORDERS	Ht	_cm	Wt	kg	BSA		_m²
REMINDER: Please ensure drug allergies an	d previous ble	omyc	in are d	ocumented	on the	Allergy &	Alert Form
DATE:							
TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist							
☐ letrozole 2.5 mg PO daily Mitte:	tablets	Re	epeat x				
OR							
anastrozole 1 mg PO daily Mitte:	tablets	Rep	eat x				
OR		_					
exemestane 25 mg PO daily Mitte:	tablets	Rep	eat x				
PLUS							
goserelin long acting (ZOLADEX)	☐ 3.6 mg subcutaneous every 4 w				eks x _		treatments
goserelin long acting (ZOLADEX LA)	☐ 10.8 mg	g subc	utaneou	s every 12	weeks x		_treatments
OR							
	_						
prolide long acting (LUPRON DEPOT) 7.5 mg IM every 4 weeks x 22.5 mg IM every 12 weeks x							
	22.5 mg	j livi ev	ery 12 v	veeks x		_treatment	5
RETURN APPOINTMENT ORDERS							
Return in weeks.							
If clinically indicated:							
☐ Serum Calcium ☐ Albumin ☐ Total bilirub	nin □GGT □	ΔΙΤ	□трн				
☐ Alkaline phosphatase ☐ Creatinine ☐ CA 15-3 ☐ CBC & Diff							
serum cholesterol triglycerides							
☐ Other tests and consults:							
☐ See general orders sheet for additional requests.							
·					CICN:	TUDE	
DOCTOR'S SIGNATURE:					SIGNA	TURE:	
					UC:		