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: BRAVLHRHAI

## DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____$m^2$

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

**DATE:**

**TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist**

☐ **letrozole 2.5 mg** PO daily **Mitte:** _____**tablets** **Repeat x** ____

**OR**

☐ **anastrozole 1 mg** PO daily **Mitte:** _____**tablets** **Repeat x** _____

**OR**

☐ **exemestane 25 mg** PO daily **Mitte:** _____**tablets** **Repeat x** _____

**PLUS**

**buserelin long acting (SUPREFACT DEPOT)**
☐ **6.3 mg** subcutaneous every 8 weeks x _____ treatments
☐ **9.45 mg** subcutaneous every 12 weeks x _____treatments

**OR**

**goserelin long acting (ZOLADEX)**
☐ **3.6 mg** subcutaneous every 4 weeks x _____treatments

**goserelin long acting (ZOLADEX LA)**
☐ **10.8 mg** subcutaneous every 12 weeks x _____treatments

**OR**

**leuprolide long acting (LUPRON DEPOT)**
☐ **7.5 mg** IM every 4 weeks x _____treatments
☐ **22.5 mg** IM every 12 weeks x _____treatments

## RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks.

**If clinically indicated**:

☐ Serum Calcium ☐ Albumin ☐ Total bilirubin ☐ GGT ☐ ALT ☐ LDH

☐ Alkaline phosphatase ☐ Creatinine ☐ CA 15-3 ☐ CBC & Diff

☐ serum cholesterol ☐ triglycerides

☐ **Other tests and consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**