



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

# PROTOCOL CODE: BRAVRBFLV

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## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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)

CBC & Diff, platelets, creatinine day of treatment

Cycles 1 to 6, for Day 1 and Day 15 (if ordered): May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L**

Cycle 7 onwards: May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L**

Dose modification for:  Other Toxicity \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

### TREATMENT:

ribociclib  600 mg or  400 mg or  200 mg (select one) PO once daily in the morning x 21 days on days 1 to 21, then 7 days off x \_\_\_\_ cycle(s)

### PLUS

#### Cycle 1:

fulvestrant 500 mg IM once daily on Days 1 and 15.  
Administer as two 250 mg injections.

#### Cycle 2 onwards:

fulvestrant 500 mg IM once daily on Day 1 of Cycle 2 then repeat every 28 days. Mitte: \_\_\_\_ dose(s) Repeat x \_\_\_\_  
Administer as two 250 mg injections.

For women needing chemically induced menopause and male patients:

### 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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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<b>DOCTOR'S ORDERS</b>	
DATE: _____	
<b>RETURN APPOINTMENT ORDERS</b>	
<p><b>Cycle 1:</b></p> <p><input type="checkbox"/> Book fulvestrant injections on Days 1 and 15.</p> <p><input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle 2.</p> <p><b>Cycles 2 to 6:</b></p> <p><input type="checkbox"/> Book fulvestrant injections on Day 1 of Cycle 2 then repeat every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____</p> <p><b>Cycle 7 onwards:</b></p> <p><input type="checkbox"/> Book fulvestrant injections every 28 days x _____ injections.</p> <p><input type="checkbox"/> Return in ____ weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Last Cycle. RTC in _____ week(s).</p>	
<p><b>Cycle 1 (Day 15):</b> CBC &amp; diff, platelets, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p><b>Cycle 1 (Day 22):</b> CBC &amp; diff, platelets if ANC on Day 15 is 0.5 to less than 1.0, or if platelets on Day 15 are 50 to less than 74</p> <p><b>Cycle 2 (Day 1):</b> CBC &amp; diff, platelets, creatinine, albumin, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, calcium, magnesium, phosphorus, ECG</p> <p><input type="checkbox"/> <b>Cycle 2 (Day 15):</b> CBC &amp; diff, platelets</p> <p><b>Cycle 2 (Day 22):</b> CBC &amp; diff, platelets if ANC on Day 15 is 0.5 to less than 1.0, or if platelets on Day 15 are 50 to less than 74</p> <p><b>Cycles 3 to 6:</b> CBC &amp; diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin prior to each cycle.</p> <p><b>Cycles 7 onwards:</b> CBC &amp; diff, platelets, creatinine prior to <input type="checkbox"/> <b>each cycle</b>  <input type="checkbox"/> <b>every third cycle</b></p> <p><b>If clinically indicated:</b> <input type="checkbox"/> Albumin <input type="checkbox"/> ALT <input type="checkbox"/> Alkaline phosphatase <input type="checkbox"/> Total Bilirubin  <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus  <input type="checkbox"/> Serum cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> ECG <input type="checkbox"/> CA15-3 <input type="checkbox"/> CEA <input type="checkbox"/> CA125</p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for further orders</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>