

PROTOCOL CODE: LKAMLAS

(pre-bone marrow transplant)

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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 #:** _____

Date of Previous Cycle: _____

- Delay treatment _____ week(s)
- CBC & Diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT** day of treatment
- Cycle one may proceed with doses as written regardless on the ANC. Subsequent cycles may require dose reduction if ANC less than $0.5 \times 10^9/L$ within 24h and bone marrow shows less than 5% blasts prior to this subsequent cycle. On Day 3, 5 of treatment: CBC and differential, platelets (physician responsible to monitor results and advise on supportive treatment) *For weekend interruptions (i.e. azaCITIDine 5 on, 2 off, 2 on) these doses will be administered on Days 8 and 9 - (for this regimen proceed with doses 6 and 7 despite day 8 labs – physician responsible to monitor results and advise on supportive care)

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

- ondansetron 8 mg** PO 30 minutes prior to azaCITIDine
- prochlorperazine 10 mg** PO 30 minutes prior to azaCITIDine
- Other:** _____

CHEMOTHERAPY:

azaCITIDine 75 mg/m² x BSA = _____ mg **subcutaneous** daily for 7 days starting on Day 1 (date): _____.

Alternate regimen: treatment may be interrupted by weekends.

- ❖ may interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends

Administer doses greater than 4 mL as two syringes at two separate sites.

SORafenib 400 mg PO *twice* daily. Supply for: _____ days.

RETURN APPOINTMENT ORDERS

- Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days.
(note: maximum of 4 cycles).
- Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT weekly during treatment and prior to each cycle

- Bone marrow biopsy** prior to cycles 2, 3 and 4
- On Days 3 and 5 of treatment: CBC and differential, platelets**
- MUGA scan** or **Echocardiography** (if clinically indicated)
- Other tests:**
- Consults:**
- See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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