



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: SMAVTMZ (PO)

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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** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

temozolomide 200 mg/m² or _____ mg/m² (select one) x BSA = _____ mg PO daily at bedtime x 5 days

* For patients who had received prior chemotherapy for metastatic melanoma, **start with 150 mg/m²** and then increase to 200 mg/m² if tolerable.

** refer to [Temozolomide Suggested Capsule Combination Table](#) for dose rounding

RETURN APPOINTMENT ORDERS

- Return in **four** weeks for Doctor and Cycle _____
- Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets, ALT, Bili prior to each cycle

If clinically indicated: **Creatinine** **Glucose**

CT or **MRI head** (select one)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: