

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: SAAVGR

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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 Continuous treatment, one cycle = 4 weeks of regorafenib							
DATE: To be				Cycle #:			
Date of Previous Cycle:							
☐ Delay treatment week(s) ☐ CBC & Diff day of treatment May proceed with doses as written if within 96 h or equal to 50 x 109/L	ours ANC <u>o</u>	greater th	nan or eq	<u>ıual to</u> 1	.0 x 10 ⁹ /L	., Platelets <u>gr</u>	eater than
Dose modification for:	om	□ o	ther Tox	icity:			
TREATMENT: (1 cycle = 4 weeks)							
regorafenib ☐ 160 mg or ☐ 120 mg or ☐ 80 mg (select one) PO once daily on days 1 to 21, followed by 1 week rest. (round dose to the nearest 40 mg)							
Mitte:days							
RETURN APPOINTMENT ORDERS							
Return in weeks for Doctor and C	ycle						
Last Cycle. Return in week(s).							
CBC & Diff, Platelets, sodium, potassium, Cr Bilirubin, Alkaline Phosphatase, ALT, and Ur				te,			
☐ TSH prior to each odd numbered cycle (ie 3	3, 5, 7, 9, et	c)					
If clinically indicated: GGT LDH 1	ot. Prot	Album	in 🗌 TS	SH			
☐ Other tests:							
☐ Consults:							
See general orders sheet for additional re	equests.						
DOCTOR'S SIGNATURE:					SIC	SNATURE:	
					luc	:=	