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| SA Health |
| Cancer Chemotherapy Protocol Registration Form and Template |
| SA Health Cancer Drug CommitteeJuly 2017 |

**Applicant Details**

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| --- |
| Consultant Name:Position: |
| Clinical Unit, Hospital/LHN: |
| Telephone: Pager:Mobile: Email: |

**Supporting Tumour Stream Lead Details**

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| Consultant Name:Position: |
| Clinical Unit, Hospital/LHN: |
| Telephone: Pager:Mobile: Email: |

**Supporting Specialist Pharmacist Details**

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| --- |
| Name:Position: |
| Clinical Unit, Hospital/LHN: |
| Telephone: Pager:Mobile: Email: |

**Supporting Specialist Nurse Details**

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| --- |
| Name:Position: |
| Clinical Unit, Hospital/LHN: |
| Telephone: Pager:Mobile: Email: |

**SA Health Cancer Drug Committee Use only:**

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| --- |
| Application received (date):  |
| Confirmation of costing confirmed\*  |
| Approval StatusAPPROVED Conditions of approval (if any):REJECTED Reason(s) for rejection: |
| Treatment Risk Level allocated:  |
| SAH-CDC comments (if any) |
| I acknowledge the application and to the best of my knowledge the information contained within is correct and confirm the decision made by the SA Health Cancer drug Committee in submitting this protocol to the SA Health Approved Cancer Chemotherapy Protocol Register:SAH-CDC Chair (or delegate): Position: |
| Signature: Date: |

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| **Protocol Name** |  |
| **Protocol Number** |  |

**Protocol Title (INDICATION, Regimen Name) -**

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| Treatment Schedule - Summary |

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Dose | Route | Day |
|  |  |  |  |  |  |  |

**Frequency:**

**Notes (*e.g. 1st line treatment, alternate scheduling options*):**

**Number of Cycles:**

|  |
| --- |
| Protocol |

**Indications and Patient Population:**

**Indications for use:**

**Exclusions (*e.g. low GFR*):**

**Notes:**

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| Drug Status (PBS status, formulation etc.): |

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| Clinical Information: |

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| --- | --- |
| **Venous access requirements** |  |
| **Supportive Care/ Premedication** |  |
| **Hypersensitivity/infusion related reaction** |  |
| **Emetogenicity** |  |
| **Drug reactions** |  |
| **Blood tests** |  |
| **Hepatitis B screening and prophylaxis** |  |
| **Vaccinations** |  |
| **Effects of cancer treatment on fertility** |  |
| **Other:** |  |

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| Treatment Schedule - Detailed |

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| --- | --- | --- |
| **Drug** | **Dose** | **Administration/frequency** |
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**Frequency:**

**Number of Cycles:**

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| --- |
| Dose Modifications: |

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| **Haematological Toxicity** |

**ANC**

**Platelets**

**Haemoglobin**

**Other:**

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| **Renal Impairment** |

**Creatinine clearance (mL/min):**

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| **Hepatic Impairment** |

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| **Mucositis and stomatitis** |

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| **Neurotoxicity** |

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| **Other Toxicities** |

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| Interactions: |

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| **Drug** | **Interaction** | **Clinical management** |
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| **General Interactions** |
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|  | **Interaction** | **Clinical management** |
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| Administration details |

**General patient assessment:**

**Pre-treatment medications:**

**Chemotherapy - 🕙 Time out checklist**

**Discharge Information**

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| Monitoring |

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| **Tests/assessments** | **Frequency** |
| **Blood tests** |  |
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| Side-effects |

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| **Immediate (onset hours to days)** |
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| **Early (onset days to weeks)** |
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| --- |
| **Late (onset weeks to months)** |
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| Supporting Documents |

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| --- |
| For more information |
| Medicines and Technology Programs (MTP) and Out of Hospital Pharmacy ServicesDepartment for Health and AgeingLevel 8, Citi Centre11 Hindmarsh SquareAdelaide, SA 5000Telephone: +61 8 8226 7080[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)  |
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