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[REDACTED] 023  
T [REDACTED] -2354

**FACIMILE FORM**

**TO: IOD**

**FR: CLINIXBOOST**

**DATE:** 6/9/25

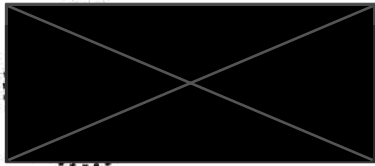
**PATIENT:** [REDACTED]

**REPORT NO:** \_\_\_\_\_

**OUTCOME:**

**CHANGE IMPLEMENTED (new orders will be submitted)**

**NO CHANGE (fill medication)**



Name:  7  
 Date of Birth:  3

**CHEMOTHERAPY ORDER SHEET**

Diagnosis: met. colon ct

Allergies: \_\_\_\_\_ Cycle: \_\_\_\_\_

Ht. \_\_\_\_\_ Actual Wt. \_\_\_\_\_ Dosing Wt. \_\_\_\_\_ BSA \_\_\_\_\_

ORDER TIME: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_

TREATMENT START DATE: \_\_\_\_\_ START LABS:  CBC  CBC/DIFF  CHEM3  UA

**IV HYDRATION:**

**PREMEDICATION REGIMEN:**

- |                            |  |                               |  |                             |
|----------------------------|--|-------------------------------|--|-----------------------------|
| Ondansetron (Zofran)       | <input type="checkbox"/> 12mg            | <input type="checkbox"/> 32mg | <input type="checkbox"/> IV            | <input type="checkbox"/> PO |
| Granisetron (Kytril)       | <input checked="" type="checkbox"/> 1mg  | <input type="checkbox"/> 2mg  | <input checked="" type="checkbox"/> IV | <input type="checkbox"/> PO |
| Diphenhydramine (Benadryl) | <input checked="" type="checkbox"/> 25mg | <input type="checkbox"/> 50mg | <input checked="" type="checkbox"/> IV | <input type="checkbox"/> PO |
| Dexamethasone (Decadron)   | <input checked="" type="checkbox"/> 10mg | <input type="checkbox"/> 20mg | <input checked="" type="checkbox"/> IV | <input type="checkbox"/> PO |
| Acetaminophen (Tylenol)    | <input type="checkbox"/> 650mg           |                               | <input type="checkbox"/> IV            | <input type="checkbox"/> PO |
|                            |  |                               | <input type="checkbox"/> IV            | <input type="checkbox"/> PO |

**CHEMOTHERAPY:** XELOX

Medication	Dose (per kg)	Dose (per m <sup>2</sup> )	Dose (Total)	Route	Infusion Rate
<u>Xeloda</u>			<u>500mg</u>	<u>PO</u>	<u>B20 D1-D14</u>
<u>oxaliplatin</u>			<u>135mg</u>	<u>IV/PO</u>	<u>D1 q24h</u>

Hold chemotherapy if: WBC < 3000/ cm<sup>3</sup> or PLT < 100,000/ cm<sup>3</sup> or  
 ANC < 1500/ cm<sup>3</sup> or Creat > 1.5 mg/dl or \_\_\_\_\_

**BIOLOGICALS:**

Filgrastim (G-CSF, Neupogen) mcg SQ QD x \_\_\_\_\_ days Start Date: \_\_\_\_\_ Hold if \_\_\_\_\_ > \_\_\_\_\_  
 Epoetin Alpha (EPO, Procrit) IU SQ Qwk x \_\_\_\_\_ days Start Date: \_\_\_\_\_ Hold if \_\_\_\_\_ > \_\_\_\_\_

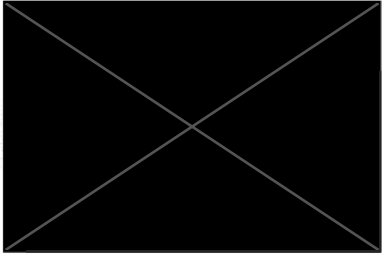
**OTHER ORDERS:**

PHYSICIAN SIGNATURE 

4/2/25  
 TIME / DATE

TIME NOTED

RN SIGNATURE



April 23, 2025

**HEMATOLOGY ONCOLOGY PROGRESS NOTE**

RE: 

DOB: 01/28/1963

PRIMARY CARE PHYSICIAN: 

**IDENTIFICATION:** Metastatic colon cancer, DPYD intermediate activity.

**SUBJECTIVE:** The patient is here for followup. She is now back on Xelox, so far doing okay.

**LABORATORY DATA:** From April 17, 2025, platelets 523,000; WBC and hemoglobin normal. Creatinine 1.3, alkaline phosphatase 157, CEA 14, phosphorus 4.3 and magnesium 1.8.

**ASSESSMENT AND PLAN:** A 61-year-old with long history of ulcerative colitis, presenting with stage IV colon cancer arising out of the cecum with biopsy proven liver metastasis, MSI stable, TMB low, PDL1 negative, KRAS G12D mutation. She had one dose of XELOX/Avastin on August 2, 2024 ended up in the hospital with severe side effects. DPYD genotype showed intermediate activity likely the cause of the severe side effects. She then resumed single agent Xeloda and we have been titrating up. She was not able to tolerate the 1000 mg dosing, so now maximum dose is 500 mg b.i.d. One dose of Y90 was given for the liver on April 1, 2025. She is now back on Xelox due to the rising CEA. Port is being planned. Resume the Avastin after the port is healed. A PET scan is also being arranged in May. Continue supportive measures. Return in four weeks.



Medical Oncology/Hematology

RN/ra/rk  
D: 04/23/2025  
T: 04/24/2025