**SWAG Cancer Alliance New SACT Protocol Request**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regimen Name** |  | | | | | |
|  | | | | | | |
| **Indication** |  | | | | | |
|  | | | | | | |
| **Commissioning** *(i.e. CDF, NICE, baseline)* | | | |  | | |
|  | | | | | | |
| **Regimen Details** | | | | | | |
| **Days** | **Drug** | | | | **Dose** | **Route** |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  | | | | | | |
| **Cycle Frequency** |  | | | | **Number of cycles** |  |
|  | | | | | | |
| **Premedication and supportive medication**  *(if required)* | |  | | | | |
|  | | | | | | |
| **Required investigations** *(please state if additional investigations outside of standard chemo or immunotherapy investigations are required)* | |  | | | | |
|  | | | | | | |
| **Dose modifications**  *(if different to those advised in SPC/reference)* |  | | | | | |
|  | | | | | | |
| **Reference** *(i.e. SPC, protocol from another network, trial protocol, please include published trial reference and email copies through with form)* | | |  | | | |
|  | | | | | | |
| **Additional Information**  *(if required)* |  | | | | | |

Current protocols can be viewed on the SWAG website: <https://www.swagcanceralliance.nhs.uk/protocols/>

Please email completed forms to [kate.gregory@uhbw.nhs.uk](mailto:kate.gregory@uhbw.nhs.uk)