**SWAG Cancer Alliance New SACT Protocol Request**

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| **Regimen Name** |  |
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| **Indication** |  |
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| **Commissioning** *(i.e. CDF, NICE, baseline)* |  |
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| **Regimen Details** |
| **Days** | **Drug** | **Dose** | **Route** |
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|  |  |  |  |
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| **Cycle Frequency** |  | **Number of cycles** |  |
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| **Premedication and supportive medication***(if required)* |  |
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| **Required investigations** *(please state if additional investigations outside of standard chemo or immunotherapy investigations are required)* |  |
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| **Dose modifications** *(if different to those advised in SPC/reference)* |  |
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| **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