Calvary Mater Newcastle
Medical Oncology

Attach Patient sticker
(include Name & Date of Birth)

Mitotane Plasma Request Form

This form to be partially completed by clinician and submitted to blood collection as a request form

Name of Clinician (Contact): _____

Institution: _____

Address: _____

Ph (for clinical enquiries): _____ **Fax (for results):** _____

Patient/Sample Details:

Patient Weight (kg): _____

Date of First Dose: ___/_____/_____

Dose of Mitotane: _____
(g/day in last 7 days - should be constant)

Date of Last Dose: _____/_____/_____

Time of Last Dose: _____hours

Date of Plasma Sample: _____/_____/_____

Time of Plasma Sample: _____hours

Note: Samples should be collected ~6-12 hours after last mitotane dose (omit AM dose till after blood sampling)

Other Medications:

Current Toxicity: (Clinician to complete before sending sample)

Circle grade or not applicable (N/A) ***Grading form attached/overleaf***

Type	Grade	Type	Grade
Anorexia	N/A 1 2 3 4 5	Platelets	N/A 1 2 3 4
Nausea	N/A 1 2 3	Peripheral neuropathy(Sensory)	N/A 1 2 3 4 5
Diarrhoea	N/A 1 2 3 4 5	Peripheral neuropathy (Motor)	N/A 1 2 3 4 5
Rash	N/A 1 2 3 4 5	CNS: dizziness	N/A 1 2 3
Neutropenia	N/A 1 2 3 4	Other (describe)	N/A 1 2 3 4 5

Note: Please attach a copy of FBC with this request form.

Result/Recommendation:

Plasma Mitotane Level: _____mg/L (ideal = 14-20)

Recommendation:

- Increase dose by 3-fold ☐
- Increase dose by 2-fold ☐
- Increase dose by 1.5-fold ☐
- Maintain current dose ☐

Repeat testing in _____weeks

Comments:

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NCI CTC Version 4.0

	Grade				
Adverse Event	**1**	**2**	**3**	**4**	**5**
Anorexia	Loss of appetite without alteration in eating habits	Oral intake altered without significant weight loss or malnutrition; oral nutritional supplements indicated	Associated with significant weight loss or malnutrition (e.g., inadequate oral caloricand/or fluid intake); tube feeding or TPN indicated	Life-threatening consequences; urgent intervention indicated	Death
Nausea	Loss of appetite without alteration in eating habits	Oral intake decreased without significant weight loss,dehydration or malnutrition	Inadequate oral caloric or fluidintake; tube feeding, TPN, or hospitalization indicated	-	-
Vomiting	1 - 2 episodes (separated by 5 minutes) in 24 hrs	3 - 5 episodes (separated by 5 minutes) in 24 hrs	>=6 episodes (separated by 5 minutes) in 24 hrs; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Diarrhoea	increase of <4 stools per day over baseline; mild increase in ostomy output compared to baseline	Increase of 4 - 6 stools per day over baseline; moderate increase in ostomy output compared to baseline	Increase of >=7 stools per day over baseline; incontinence; hospitalization indicated; severe increase in ostomy output compared to baseline; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death
Neutrophil count decreased	<LLN - 1500/mm3; <LLN - 1.5 x 10e9 /L	<1500 - 1000/mm3; <1.5 - 1.0 x 10e9 /L	<1000 - 500/mm3; <1.0 - 0.5 x 10e9 /L	<500/mm3; <0.5 x 10e9 /L	-
Platelet count decreased	<LLN - 75,000/mm3; <LLN - 75.0 x 10e9 /L	<75,000 - 50,000/mm3; <75.0 - 50.0 x 10e9 /L	<50,000 - 25,000/mm3; <50.0 - 25.0 x 10e9 /L	<25,000/mm3; <25.0 x 10e9 /L	-
Peripheral Motor Neuropathy	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL; assistive device indicated	Life-threatening consequences; urgent intervention indicated	Death
Peripheral Sensory Neuropathy	Asymptomatic; loss of deep tendon reflexes or paresthesia	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death
Somnolence	Mild but more than usual drowsiness or sleepiness	Moderate sedation; limiting instrumental ADL	Obtundation or stupor	Life-threatening consequences; urgent intervention indicated	Death
Dizziness	Mild unsteadiness or sensation of movement	Moderate unsteadiness or sensation of movement; limiting instrumental ADL	Severe unsteadiness or sensation of movement; limiting self care ADL	-	-
Rash acniform	Papules and/or pustules covering <10% BSA, which may or may not be associated with symptoms of pruritus or tenderness	Papules and/or pustules covering 10 - 30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental ADL	Papules and/or pustules covering >30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; limiting self care ADL; associated with local superinfection with oral antibiotics indicated	Papules and/or pustules covering any % BSA, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with IV antibiotics indicated; life- threatening consequences	Death