1.	Open ARIA Planner									
2.	Document Change									
	Document request on a KMCCEP011 Aria Change Control Form (obtain a number from KMCC System Admin)									
3.	Locate & Deactivate the Regimen									
	A regimen that has been approved for use	Plan Types Regimen	me W-001 Carboplatin & Capecitabine	Internal Name / Version Carbo & Capec (ANA) 1.0	Status Last Upda Approved Nov 30, 2	ted Active A Open				
	will be Active & Approved so select only	Plan Status ☐ Pending ☐ In Testing ☐ Active ☐ Approved ☐ Amended ☐ Inactive ☐ Approved ☐ Amended ☐ Inactive	A-002 Cisplatin & Capecitabine without liotherapy IA-005 5-FU & Mitomycin-C with diotherapy (central) Palliative	Cispla & Capec (ANA) 1.0 SFluor & MitoC&RT(ANA) 1.0	Approved Nov 30, 2 Approved Nov 14, 2	016 Yes Close				
	these statuses to narrow down the list of available regimens.	Plan Classifications Disease Ste <all> Disease Stage <all></all></all>	A-006 S-H0 & MtOmyon-C with liotherapy (central) Radical A-008 Capecitabine & Mitomycin-C with siotherapy A-006 Cirolatin & S-Eluorouracil without	Capec& MitoC +RT(ANA) 1.0	Approved Nov 14, 2 Approved Nov 14, 2 Approved Nov 29, 2	016 Yes <u>New</u>				
	Highlight the regimen you require then	Tx Use <all> <a>AANACell Categories <all> <a>AANAradii radii radiii radii radii radii radii radii radiii radii radii radii radii</all></all>	iotherapy IA-010 Carboplatin & 5-Fluorouracil without Jotherapy	Carbo & 5Fu (ANA) 1.0	Approved Nov 29, 2	016 Yes Amend				
	select Deactivate (there is no second	Cancer Categories <all> ANA Tx Line <all> Brad</all></all>	A-011 Paditaxel (Days 1, 8 & 15 repeat ary 28 days) A-001 (PART 1 OF 2) Temozolomide with diotherany	Paditaxel (ANA) 1.0 TEMOZOLOMIDE(BRA)P1 2.0	Approved Nov 29, 2 Approved Jun 01, 2	016 Yes Copy				
	prompt to confirm your action). The	Tx Intent CALL> BRA	A-001 (PART 2 OF 2) Temozolomide after emoradiation GBM A-002 Temozolomide (Pallative) Glioma	TEMOZOLOMIDE(BRA)P1 2.0 TEMOZOLOMIDE (BRA) 1.0	Approved Jun 01, 2 Approved Sep 30, 2	016 Yes Deactivate				
	regimen will then be marked as inactive	BRA BRA	A-003 PCV A-006 Lomustine (Glioma)	PCV (BRA) 3.0 Lomustine (BRA) 1.0	Approved Jun 01, 2 Approved Sep 30, 2	016 Yes Access				
4.	Complete CCF									
	Complete CCF and ensure it is checked promptly by an appropriately trained EP Pharmacist (or technician if pharmacist made change)									
5.	Inform Users									
	Inform the SACT Governance group and the relevant consultant group(s) of the removal of the regimen from use.									

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Written By	H Downs	Authorised by	Hayley Paddock	Date	October 2024	Page 1011				
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