



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LKMLN Page 1 of 1

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, BUN, Lipase and random glucose. [ECG on treatment initiation.] May proceed with doses as written if within 7 days of niLOtinib initiation, then within 10 days of dispensing the next cycle for first 6 months of therapy; thereafter, within 28 days of dispensing the next cycle.				
<ul style="list-style-type: none"> • ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L. Caution should be exercised for patients with moderate to severe hepatic dysfunction (e.g., bilirubin greater than 3 x ULN, AST and/or ALT greater than 5 x ULN – see dosage adjustments in protocol) 				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
CHEMOTHERAPY:				
<input type="checkbox"/> niLOtinib 400 mg twice daily ▪ Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months) Refill x _____				
Dosage adjustment if needed: (Hematological and non-hematological)				
<input type="checkbox"/> niLOtinib 400 mg once daily ▪ Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months) Refill x _____				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
First Month: <input type="checkbox"/> CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid, Lipase, random glucose every __ week(s) (range: 1-2 weeks)				
Months 2-6: CBC & Diff, Platelets, ALT, Bilirubin, Lipase, random glucose every month <input type="checkbox"/> Serum Creatinine, Uric Acid every _____ month(s)				
After 6 months: CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid, Lipase, random glucose <input type="checkbox"/> every month or <input type="checkbox"/> every 3 months <input type="checkbox"/> Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: