BC CANCER
Provincial Health Services Authority

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: SMAVVEM

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:** (One cycle = 4 weeks)

☐ Delay treatment ______ week(s)

Dose Modification/Delay for ____

Proceed with treatment based on blood work/ECG from ___________________________

TREATMENT:

☐ **vemURAFenib 960 mg** PO twice daily

Dose modification:

- ☐ **vemURAFenib 720 mg** PO twice daily
- ☐ **vemURAFenib 480 mg** PO twice daily

Supply for 4 weeks or for __________weeks.
(Dispense 1 cycle at a time for first 3 months of therapy; may dispense 3 cycles after 3 months)

RETURN APPOINTMENT ORDERS

☐ Return in 4 weeks for Doctor and Cycle # ______

☐ Return in 8 weeks for Doctor and Cycle # ______

☐ Return in 12 weeks for Doctor and Cycle # ______

☐ Last Treatment. Return in ______ week(s)

First 3 months of treatment prior to each cycle: sodium, potassium, calcium, magnesium, creatinine, alkaline phosphatase, ALT, bilirubin, LDH

After 3 months of treatment prior to each physician visit: sodium, potassium, calcium, magnesium, creatinine, alkaline phosphatase, ALT, bilirubin, LDH

ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

Chest CT: every 6 months

Other Tests: ☐ ECG ☐ CT scan ☐ MRI

☐ **Consults:**

- ☐ Dermatology Consults
- ☐ Pap smear in women
- ☐ Other Consults: ____

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**