



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: LUAVBRI

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

TREATMENT:

Start or restart cycle: (if possible, start early in the week)

brigatinib 90 mg PO once daily for 7 days, then take 180 mg once daily for 21 days. Do NOT increase dose until approval received.

OR

brigatinib _____ mg PO once daily for 7 days, then take _____ mg once daily for 21 days. Do NOT increase dose until approval received.

Subsequent cycles:

brigatinib 180 mg PO once daily. Supply for: _____ days

Dose modification if required:

brigatinib 120 mg PO once daily. Supply for: _____ days (dose level -1)

brigatinib 90 mg PO once daily. Supply for: _____ days (dose level -2)

brigatinib 60 mg PO once daily. Supply for: _____ days (dose level -3)

RETURN APPOINTMENT ORDERS

Return in 1 week for Doctor

Return in _____ weeks for Doctor

Alk Phos, ALT, Bili, LDH every 2 weeks for the first 3 cycles

Alk Phos, ALT, Bili, LDH, creatine phosphokinase, lipase, blood pressure, heart rate at each doctor's visit

Imaging (approx. every 4-8 weeks): Chest X-ray or CT Scan (chest)

If clinically indicated: CBC and differential sodium, potassium
 magnesium CEA fasting glucose creatinine

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

**SIGNATURE:
UC:**