

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: LUAVLOR

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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(s) #:
Date of Previous Cycle:						
TREATMENT:						
Iorlatinib 100 mg PO once daily						
Dose modification if required:						
☐ Iorlatinib 75 mg PO once daily (dose level -1)						
☐ Iorlatinib 50 mg PO once daily (dose level -2)						
Supply for: 30 days or d	lays. Repea	t x				
RETURN APPOINTMENT ORDERS						
Return in <u>four</u> weeks for Doctor Or Return in weeks for D	Ooctor					
2 weeks after starting treatment: to	otal choleste	rol, trigly	ceride	es		
Months 1 to 3, and at each physici total cholesterol, triglycerides, ALDH, ECG		irubin, alk	aline	phosphatas	e,	
If clinically indicated:						
☐ Chest X-ray or ☐ CT chest						
☐ CBC & Diff, platelets ☐ fas	ting glucose	hem	oglob	oin A1C		
☐ creatine kinase ☐ LDL ☐ HDL ☐ calcium ☐ albumin						
☐ GGT ☐ lipase ☐ creatinii	ne 🗌 sodi	um 🗌 p	otass	ium		
☐ magnesium ☐ urea						
Other tests:						
Consults:	dditional roau	ıooto				
See general orders sheet for a	uullional requ	ucolo.				
DOCTOR'S SIGNATURE:					S	IGNATURE:
					U	C: