



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: SMAVTRA**

<b>DOCTOR'S ORDERS</b>	
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
<b>DATE:</b>	<b>To be given:</b> <b>Cycle #:</b>
<input type="checkbox"/> Delay treatment _____ week(s) <b>Dose Modification/Delay for</b> _____ <b>Proceed with treatment based on blood work from</b> _____	
<b>TREATMENT:</b>	
<input type="checkbox"/> trametinib 2 mg PO daily <b>Dose modification:</b> <input type="checkbox"/> trametinib 1.5 mg PO daily <input type="checkbox"/> trametinib 1 mg PO daily  Supply for 30 days or for _____ days (available in 30 tablet containers only: dispense in original container) (1-month supply for first 3 months of therapy; may dispense 3-month supply after 3 months)	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in 4 weeks for Doctor and Cycle # _____ <input type="checkbox"/> Return in 8 weeks for Doctor and Cycle # _____ <input type="checkbox"/> Return in 12 weeks for Doctor and Cycle # _____ <input type="checkbox"/> Last Treatment. Return in _____ week(s)	
<b>First 3 months of treatment prior to each cycle:</b> alkaline phosphatase, ALT, albumin, blood pressure  <b>After 3 months of treatment prior to each physician visit:</b> alkaline phosphatase, ALT, albumin, blood pressure  <b>Echocardiogram:</b> at week 8, then every 12 weeks <b>Other Tests:</b> <input type="checkbox"/> ECG <input type="checkbox"/> CT scan <input type="checkbox"/> MRI <input type="checkbox"/> echocardiogram  <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> Dermatology Consult <input type="checkbox"/> Ophthalmology Consult <input type="checkbox"/> Pap smear in women <input type="checkbox"/> Other Consults: _____  <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>