

PROTOCOL CODE: UTAAVENT

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

| | | | | |
|--|---------------------|--------------------|-------------|--------------------------|
| 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(s) #: | | |
| Date of Previous Cycle: | | | | |
| <input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment | | | | |
| May proceed with doses as written if lab work is within 28 days of entrectinib initiation, then within 14 days of dispensing the next supply thereafter: ANC greater than or equal to $1.5 \times 10^9/L$, ALT (and AST if ordered) less than or equal to 3 x ULN, bilirubin less than or equal to 1.5 x ULN | | | | |
| Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ | | | | |
| Proceed with treatment based on blood work from _____ | | | | |
| TREATMENT: | | | | |
| entrectinib 600 mg PO once daily Dose modification if required: <input type="checkbox"/> entrectinib 400 mg PO once daily <input type="checkbox"/> entrectinib 200 mg PO once daily Supply for _____ days (maximum 90 days) | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| <input type="checkbox"/> Return in _____ weeks for Doctor (maximum 12 weeks) for Doctor | | | | |
| Day 15 of Cycle 1, and prior to each doctor's visit: CBC & Diff, platelets, alkaline phosphatase, ALT, total bilirubin, LDH If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> muga scan or <input type="checkbox"/> echocardiogram <input type="checkbox"/> calcium <input type="checkbox"/> albumin <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> phosphorus <input type="checkbox"/> magnesium <input type="checkbox"/> uric acid <input type="checkbox"/> creatinine <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |