

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: LUAVALE

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DOCTOR'S ORDERS Htcm Wtkg BS	Am²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
	cle(s) #:
Date of Previous Cycle:	
TREATMENT:	
alectinib 600 mg PO twice daily	
Dose modification if required:	
alectinib 450 mg PO twice daily	
alectinib 300 mg PO twice daily	
Supply for: days Repeat x	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor	
Cycle 1: Alk Phos, ALT, Bili, LDH and CPK 2 weeks after starting treatment and prior to next cycle	
Cycle 2 & 3: Alk Phos, ALT, Bili, and LDH every 2 weeks and prior to next cycle	
Cycle 4 onwards: Alk Phos, ALT, Bili, and LDH prior to next doctor's visit	
Imaging (approx. every 4-8 weeks): Chest X-ray or CT Scan (chest)	
If clinically indicated:	
☐ ECG ☐ CPK ☐ calcium ☐ potassium ☐ creatinine	
☐ Other tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: