



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: SMAVI

DOCTOR'S ORDERS

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

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of previous cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 14 days **ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $50 \times 10^9/L$.**

Dose modification for: **Hematology** **Other Toxicity** _____

TREATMENT:

iMAtinib 400 mg PO daily

Dose modification: **300 mg** OR **200 mg (select one)** PO daily

Mitte: _____ **month(s) supply (1 cycle = 1 month)**

Reminder: For patients on warfarin: Clinician to inform patient's General Practitioner to monitor INR more closely (during treatment initiation and at dose changes of iMAtinib)

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle _____ for the first 3 months.

Return in _____ weeks for Doctor and Cycle(s) _____.

First 3 months of treatment:

CBC & Diff, Platelets on weeks 2, 4, 6, 8, 10, and 12

Alk Phos, ALT, LDH , Bilirubin, Creatinine on weeks 4, 8, and 12

After 3 months of treatment:

CBC & Diff, Platelets, Alk Phos, ALT, LDH , Bilirubin, Creatinine every 3 months

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

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