



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: SAAJGI (PO)

Page 1 of 1

### DOCTOR'S ORDERS

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

**DATE:**

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 14 days if **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L.**

#### TREATMENT:

**iMAtinib 400 mg OR 300 mg OR 200 mg** (circle one) PO daily

**Mitte:** \_\_\_\_\_ months supply

*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 \_\_\_\_\_ weeks with imaging done week before:  Mail out
- CT scan abdomen and pelvis
- Chest X-ray (at least yearly)

- CBC & Diff, Platelets, Alk Phos, ALT, LDH , Bilirubin, Creatinine** on weeks 4 and 8 (i.e., prior to cycles 2 and 3)
- CBC & Diff, Platelets** in \_\_\_\_\_ weeks, prior to return appointment.
- Alk Phos, ALT, LDH , Bilirubin, Creatinine** in \_\_\_\_\_ weeks, prior to return appointment
- Chest X-ray yearly**
- Other Tests:** \_\_\_\_\_
- Consults:** \_\_\_\_\_
- See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: