



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: SAAVGIDD

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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 10^9/L, Platelets greater than or equal to 50 x 10^9/L.

TREATMENT:

iMAtinib 400 mg or 300 mg or 200 mg (select one) PO BID

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

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

RETURN APPOINTMENT ORDERS

- Return in \_\_\_\_\_ weeks with tests 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: