



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: ULKCMLP

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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 #:	
<input type="checkbox"/> Delay treatment _____ week(s) May proceed with doses as written if within 7 days of PONatinib initiation, then within 10 days of dispensing the next cycle for first 6 months of therapy; thereafter, within 28 days of dispensing the next cycle. <ul style="list-style-type: none"> • ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Cardiac Risk <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other Toxicity _____					
CHEMOTHERAPY: PONatinib <input type="checkbox"/> 45 mg (standard dose) or <input type="checkbox"/> 30mg or <input type="checkbox"/> 15mg (select one) PO once daily ▪ Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months) Refill x _____					<u>Pharmacy Use Only</u> Log Completed: _____
RETURN APPOINTMENT ORDERS					
Return in _____ weeks for Doctor and cycle _____					
CBC & Diff, platelets, serum lipase every 2 weeks for the first 3 months Echocardiography at 3 months Months 1-3: ALT, total bilirubin monthly or as clinically indicated After 3 months: CBC & Diff, platelets monthly ALT, total bilirubin monthly and as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently) Sodium, potassium, magnesium, calcium, phosphorous, serum lipase every 3 months or as clinically indicated Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis As clinically indicated: <input type="checkbox"/> Echocardiography <input type="checkbox"/> ECG <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: