



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: SAAVGI (PO)

Class II Drug:

Indications for Use

- C-Kit positive gastrointestinal stromal tumor
- C-Kit negative gastrointestinal stromal tumor

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

CHEMOTHERAPY:

Imatinib 400 mg or 300 mg or 200 mg (circle one) PO daily

Mitte: _____ months supply

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** every 2 weeks x _____ weeks
- CBC & Diff, Platelets** in 3 months, prior to return appointment
- Alk Phos, AST, LDH, Bilirubin, Creatinine** every month x _____ months
- Alk Phos, AST, LDH, Bilirubin, Creatinine** in 3 months, prior to return appointment

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

CPSID #:

UC: