



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: SAAVGIDD (PO)

Class II Drug:

Indications for Use

- C-Kit positive gastrointestinal stromal tumor progressing on 400 mg dose
- First-line treatment for patients with KNOWN exon-9 mutation of c-KIT

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 _____ mg PO BID

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:

UC: