



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: LUAVERL (PO)

Class II Drug:

Advanced non-small-cell lung cancer with progressive disease on or after first or second line therapy

For first-line therapy or for indications other than those stated in the protocol, a BCCA "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 #:			
Date of Previous Cycle:					
TREATMENT:					
Erlotinib 150 mg PO daily					
mitte _____ Repeat x _____					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in _____ weeks for Doctor					
Alk Phos, AST, Bili two weeks after starting treatment					
Alk Phos, AST, Bili, LDH at each visit					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	