



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: LKCMLI**

**Class II Drug:**

- Unequivocal diagnosis of CML, chronic phase
- Unequivocal diagnosis of CML, accelerated or blast phase
- Ph+ acute leukemias

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

**DOCTOR'S ORDERS** Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, BUN**

May proceed with doses as written if within 24 hours of Imatinib 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.

For chronic phase: **ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L, bilirubin less than or equal to 3 x ULN, AST and/or ALT less than or equal to 5 x ULN**

For accelerated phase or blast crisis: **ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 10 x 10<sup>9</sup>/L, bilirubin less than or equal to 3 x ULN, AST and/or ALT less than or equal to 5 x ULN**

Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_

**CHEMOTHERAPY:**

- Imatinib 400 mg or 600 mg or 300 mg (circle one) PO daily.**
  - Mitte: \_\_\_\_\_ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)
- OR
- Imatinib 400 mg PO BID**
- Mitte: \_\_\_\_\_ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor.

**First Month:**  
 **CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, Uric Acid every \_\_\_\_\_ week(s)** (range: 1-2 weeks)

**Months 2-6:**  
**CBC & Diff, Platelets, AST, ALT, Bilirubin every month**  
 **Serum Creatinine, Uric Acid every \_\_\_\_\_ month(s)**

**After 6 months:**  
**CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, Uric Acid**  every month or  every 3 months  
 **Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months**  
 **Other tests:**  
 **Consults:**  
 **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
 \_\_\_\_\_ **UC:** \_\_\_\_\_