



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: ULKCMLN

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

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: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, BUN, Amylase, Lipase and random glucose. [ECG on treatment initiation.]

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

- **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L. Caution should be exercised for patients with moderate to severe hepatic dysfunction (e.g., bilirubin greater than 3 x ULN, AST and/or ALT greater than 5 x ULN – see dosage adjustments in protocol)**

Dose modification for: Hematology Other Toxicity _____

CHEMOTHERAPY:

Nilotinib 400 mg twice daily on an empty stomach.

- Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)
Refill x _____

Dosage adjustment if needed: (Hematological and non-hematological)

Nilotinib 400 mg once daily on an empty stomach

- Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)
Refill x _____

Return in _____ weeks for Doctor.

First Month:

CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, Uric Acid, Amylase, Lipase, random glucose every __ week(s) (range: 1-2 weeks)

Months 2-6:

CBC & Diff, Platelets, AST, ALT, Bilirubin, Amylase, Lipase, random glucose every month

Serum Creatinine, Uric Acid every _____ month(s)

After 6 months:

CBC & Diff, Platelets, AST, ALT, Bilirubin, Serum Creatinine, Uric Acid, Amylase, Lipase, random glucose 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: