

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: LKAMLAS (post-bone marrow transplant)

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form
Continuous treatment, one cycle consists of 4 weeks of SORafenib

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

Date of Previous Cycle: _____

☐ Delay treatment _____ week(s)

☐ **CBC & Diff**, day of treatment _____

May proceed with doses as written if within **96 hours ANC greater than or equal to $1 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Treatment starting on _____ (date) (note: start 30 to 100 days post-transplant)

☐ **SORafenib 400 mg** twice daily. Supply for: _____ days.

☐ **SORafenib 400 mg** once daily. Supply for: _____ days (dose level -1)

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____ (note: maximum of 1 year of treatment =13 cycles).

☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine, ALT, total bilirubin prior to each cycle

If clinically indicated:

☐ **MUGA scan** or ☐ **Echocardiography** (if clinically indicated)

☐ **HBV viral load**

☐ **Other tests:** _____

☐ **Consults:** _____

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

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