



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LKMLB

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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)

May proceed with doses as written if within 7 days of bosutinib 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 $1.0 \times 10^9/L$, Platelets greater than or equal to $50 \times 10^9/L$.**

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

CHEMOTHERAPY:

bosutinib ☐ 500mg (standard dose) or ☐ 400mg or ☐ 300mg (**select one**) PO once daily.

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

Refill x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and cycle _____

CBC & Diff weekly for the first month

Months 1-3:

CBC & Diff, ALT, **total** bilirubin, creatinine, uric acid, sodium, potassium, magnesium, calcium, phosphorous, serum lipase monthly for the first 3 months

After 3 months:

CBC & Diff, **creatinine**, **uric acid** monthly.

ALT, **total** bilirubin every 3 months or as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently)

Sodium, potassium, magnesium, calcium, phosphorous, serum lipase every 3 months or as clinically indicated

☐ **HBV viral load**

☐ ECG (if clinically indicated)

☐ Bone Density (if clinically indicated)

☐ Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: