



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LKCMLD

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- Chronic Phase CML, resistant to Imatinib
- Chronic Phase CML, intolerant to Imatinib
- Accelerated or blast phase CML, resistant to Imatinib
- Accelerated or blast phase CML, intolerant to Imatinib
- Ph + Acute leukemia, resistant to Imatinib
- Ph + Acute leukemia, intolerant to Imatinib

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, ALT, Bilirubin, Serum Creatinine, BUN. [ECG on treatment initiation.]

May proceed with doses as written if within 7 days of dasatinib 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 1.0 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 2 x ULN, ALT or AST greater than 3 x ULN)**
- For **accelerated phase or blast crisis or Ph + ALL: Please refer to the LKCMLD Protocol for hematologic dose modifications. Caution should be exercised for patients with moderate to severe hepatic dysfunction (e.g., bilirubin greater than 2 x ULN, ALT or AST greater than 3 x ULN)**

Dose modification for: Hematology Other Toxicity _____

CHEMOTHERAPY:

daSATinib 80 mg, 100 mg or 140 mg (circle 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.

First Month:

CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid every ___ week(s)
(range: 1-2 weeks)

Months 2-6:

CBC & Diff, Platelets, ALT, Bilirubin every month

Serum Creatinine, Uric Acid every _____ month(s)

After 6 months:

CBC & Diff, Platelets, 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: