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: ULKCMLN

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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**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, Lipase and random glucose. [ECG on treatment initiation.]

May proceed with doses as written if within 7 days 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 1.0 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 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
  - 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
  - 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, ALT, Bilirubin, Serum Creatinine, Uric Acid, Lipase, random glucose every __ week(s) (range: 1-2 weeks)

**Months 2-6:**
- CBC & Diff, Platelets, ALT, Bilirubin, Lipase, random glucose every month
- [ ] Serum Creatinine, Uric Acid every ______ month(s)

**After 6 months:**
- CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid, 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:**