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*

<table>
<thead>
<tr>
<th><strong>DOCTOR’S ORDERS</strong></th>
<th>Ht ________ cm</th>
<th>Wt ________ kg</th>
<th>BSA ________ m²</th>
</tr>
</thead>
</table>

**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, 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** $1 \times 10^9/L$, **Platelets greater than or equal to** $50 \times 10^9/L$. *Caution should be exercised for patients with moderate to severe hepatic dysfunction* (e.g., bilirubin greater than $3 \times$ ULN, AST and/or ALT greater than $5 \times$ 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, Lipase, random glucose every ___ week(s) (range: 1-2 weeks)

**Months 2-6:**

- CBC & Diff, Platelets, AST, ALT, Bilirubin, **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, **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:**