



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: ULKCMLP

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

DOCTOR'S ORDERS		Ht_____cm	Wt_____kg	BSA_____m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:		To be given:		Cycle #:
<input type="checkbox"/> Delay treatment _____ week(s) May proceed with doses as written if within 7 days of PONatinib 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. <ul style="list-style-type: none">• ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Cardiac Risk <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other Toxicity _____				
TREATMENT:				
PONatinib <input type="checkbox"/> 45 mg (standard dose) or <input type="checkbox"/> 30mg or <input type="checkbox"/> 15mg (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, serum lipase every 2 weeks for the first 3 months				
Echocardiography at 3 months				
Months 1-3: ALT, total bilirubin monthly or as clinically indicated				
After 3 months: CBC & Diff monthly ALT, total bilirubin monthly and 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				
Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis				
As clinically indicated: <input type="checkbox"/> Echocardiography <input type="checkbox"/> ECG <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	