



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: ULKCMLP**

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

<b>DOCTOR'S ORDERS</b>		
Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
<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"> <li>• <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 75 x 10<sup>9</sup>/L.</b></li> </ul> Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Cardiac Risk <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other Toxicity _____		
<b>TREATMENT:</b>		
<b>PONatinib</b> <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 _____		
<b>RETURN APPOINTMENT ORDERS</b>		
Return in _____ weeks for Doctor and cycle _____		
<b>CBC &amp; Diff, platelets, serum lipase every 2 weeks for the first 3 months</b>  <b>Echocardiography at 3 months</b>  <b>Months 1-3:</b> <b>ALT, total bilirubin monthly or as clinically indicated</b>  <b>After 3 months:</b> <b>CBC &amp; Diff, platelets monthly</b> <b>ALT, total bilirubin monthly and as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently)</b> <b>Sodium, potassium, magnesium, calcium, phosphorous, serum lipase every 3 months or as clinically indicated</b>  <b>Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis</b>  <b>As clinically indicated:</b> <input type="checkbox"/> Echocardiography <input type="checkbox"/> ECG <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>