



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: ULKMLP

A BCCA "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 _____		
CHEMOTHERAPY: 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 _____	Pharmacy Use Only Log Completed: _____	
RETURN APPOINTMENT ORDERS		
Return in _____ weeks for Doctor and cycle _____		
CBC & Diff, Platelets, serum lipase every 2 weeks for the first 3 months Months 1-3: ALT, Bilirubin monthly or as clinically indicated After 3 months: CBC & Diff, Platelets monthly ALT, Bilirubin monthly and as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently) Electrolytes, 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"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	