**PROTOCOL CODE: ULKCMLP**

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

<table>
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<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht____________cm   Wt___________kg</th>
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<td>BSA____________m²</td>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

To be given: ____________________  Cycle #: ____________________

- [ ] 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.
  - ANC **greater than or equal to** 1.5 x 10^9/L, Platelets **greater than or equal to** 75 x 10^9/L.
- Dose modification for:  
  - [ ] Hematology  
  - [ ] Cardiac Risk  
  - [ ] Diarrhea  
  - [ ] Other Toxicity ______

**CHEMOTHERAPY:**

- PONAtinib 45 mg (standard dose) or 30mg or 15mg (circle 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:
  - AST, ALT, Bilirubin monthly or as clinically indicated
- After 3 months:
  - CBC & Diff, Platelets monthly
- AST, 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:
  - [ ] Echocardiography  
  - [ ] ECG  
  - [ ] Other tests:  
  - [ ] Consults:  
  - [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

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