



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 and according to acceptable standards of care

PROTOCOL CODE: ULKMFED

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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 #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written, if within 96 hours ANC greater than or equal to $0.5 \times 10^9/L$, Platelets greater than or equal to $50 \times 10^9/L$, Creatinine Clearance greater than or equal to 30 mL/min, ALT less than or equal to 5 x ULN, and bilirubin less than or equal to 3 x ULN				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____				
Ensure patient is taking thiamine (vitamin B1) 100 mg PO once daily during fedratinib treatment				
TREATMENT:				
fedratinib 400 mg PO once daily. Mitte: _____ days				
Dose modification if required:				
<input type="checkbox"/> fedratinib 300 mg PO once daily. Mitte: _____ days				
<input type="checkbox"/> fedratinib 200 mg PO once daily. Mitte: _____ days				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, ALT, total bilirubin, creatinine every 4 weeks				
If clinically indicated: <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:	