

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

## **PROTOCOL CODE: LUAVALE**

(Page 1 of 1)

DOCTOR'S ORDERS Htcm Wtkg	3SAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given:	Cycle(s) #:
Date of Previous Cycle:	
TREATMENT:	
alectinib 600 mg PO twice daily	
Dose modification if required:	
alectinib 450 mg PO twice daily	
alectinib 300 mg PO twice daily	
Supply for: days Repeat x	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor	
Cycle 1: Alkaline phosphatase, ALT, total bilirubin, LDH and CPK 2 weeks after starting treatment and prior to next cycle	
Cycle 2 & 3: Alkaline phosphatase, ALT, total bilirubin, and LDH every 2 weeks and prior to ne cycle	×t
Cycle 4 onwards: Alkaline phosphatase, ALT, total bilirubin, and LDH prior to next doctor's visit	
Imaging (approx. every 4-8 weeks): 🗌 Chest X-ray or 🗌 CT Scan (chest)	
If clinically indicated:	
🗌 ECG 🔲 CPK 🔲 calcium 🗌 potassium 🗌 creatinine	
Other tests:	
Consults:	
See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: