

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: LUAVBRI

Page 1 of 1

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To	To be given:		Су	cle #:		
Date of Previous Cycle:						
TREATMENT:						
Start or restart cycle: (if possible, start ear	ly in the week)					
☐ brigatinib 90 mg PO once daily for 7 days, then take 180 mg once daily for 21 days. Do NOT increase dose until approval received. OR						
brigatinib mg PO once daily for 7 days, then take mg once daily for 21 days. Do NOT increase dose until approval received.						
Subsequent cycles:						
☐ brigatinib 180 mg PO once daily. Supply for: days						
Dose modification if required:						
brigatinib 120 mg PO once daily. Supply for: days (dose level				•		
brigatinib 90 mg PO once daily. Supply for: days (dose level -2)						
☐ brigatinib 60 mg PO once daily	y. Supply for:	_ days (d	dose level -3)		
RETURN APPOINTMENT ORDERS						
☐ Return in 1 week for Doctor ☐ Return in weeks for Doctor						
Alkaline phosphatase, ALT, total bilirubii	n, LDH every 2 weeks fo	or the firs	st 3 cycles			
Alkaline phosphatase, ALT, total bilirubin, LDH, creatine phosphokinase, lipase, blood pressure, heart rate at each doctor's visit						
Imaging (approx. every 4-8 weeks): 🗌 Cl	hest X-ray or 🗌 CT So	an (che	st)			
If clinically indicated: CBC & Diff sodium, potassium fasting glucose creatinine Other tests: Consults: See general orders sheet for addition	ECG					
DOCTOR'S SIGNATURE:				SIGNA UC:	ATURE:	