



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: LUAVCER**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<b>TREATMENT:</b>					
ceritinib 450 mg PO once daily					
Dose modification if required:					
<input type="checkbox"/> ceritinib 300 mg PO once daily (dose level -1)					
<input type="checkbox"/> ceritinib 150 mg PO once daily (dose level -2)					
Supply for: _____ days. Repeat x _____					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in _____ weeks for Doctor					
<b>Alkaline phosphatase, ALT, total bilirubin, LDH</b> two weeks after starting treatment					
<b>Alkaline phosphatase, ALT, total bilirubin, LDH</b> at each doctor's visit					
If clinically indicated:					
<input type="checkbox"/> ECG <input type="checkbox"/> creatinine <input type="checkbox"/> lipase					
<input type="checkbox"/> fasting glucose <input type="checkbox"/> sodium <input type="checkbox"/> potassium					
<input type="checkbox"/> Chest X-ray or <input type="checkbox"/> CT Scan (chest)					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>