



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 BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: ULUAVENT**

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

<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>					
<input type="checkbox"/> entrectinib 600 mg once daily. Supply for: _____ days.					
<input type="checkbox"/> entrectinib 400 mg once daily. Supply for: _____ days (dose level -1)					
<input type="checkbox"/> entrectinib 200 mg once daily. Supply for: _____ days (dose level -2)					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in _____ weeks for Doctor					
CBC, Alk Phos, ALT, Bili, LDH two weeks after starting treatment for Cycle 1					
CBC, Alk Phos, ALT, Bili, LDH at each doctor's visit					
Imaging (approx. every 4-8 weeks): <input type="checkbox"/> Chest X-ray or <input type="checkbox"/> CT Scan (chest)					
<input type="checkbox"/> muga scan or echocardiogram			<input type="checkbox"/> ECG	<input type="checkbox"/> calcium	
<input type="checkbox"/> magnesium			<input type="checkbox"/> sodium	<input type="checkbox"/> potassium	<input type="checkbox"/> creatinine <input type="checkbox"/> uric acid
<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>		