

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: LYFACAL

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DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
☐ Delay treatment week(s)	
☐ CBC & Diff day of treatment	
May proceed with doses as written if within 14 days ANC <u>greater than or equal to</u> 1.5 x 10 ⁹ /L, Platelets <u>greater than or equal to</u> 75 x 10 ⁹ /L	
Dose modification for:	
Proceed with treatment based on blood work from	
CHEMOTHERAPY: Continuous treatment	
acalabrutinib 100 mg PO twice daily	
Dose modification if required: acalabrutinib 100 mg PO once daily	
Mitte:days (maximum 90 days)	
RETURN APPOINTMENT ORDERS	
Return in weeks (maximum 12 weeks) for Doctor	
Prior to each doctor's visit: CBC & Diff, total bilirubin, ALT	
If clinically indicated: Creatinine PTT INR ECG HBV viral load	
☐ Other tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: